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DOWN COUNTY HEALTH SERVICES
YEAR 1958



ELEVENTH ANNUAL REPORT

SUBMITTED TO THE DOWN COUNTY
HEALTH COMMITTEE BY THE COUNTY
MEDICAL OFFICER OF HEALTH

JAMES B. McKINNEY
County Medical Officer of Health

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DOWN COUNTY HEALTH COMMITTEE

MEMBERS OF COMMITTEE, 1958-59

Appointed under the Public Health and Local Government (Administrative Provisions)
Act, (N.I.), 1946

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CHAIRMAN :—GEORGE C. BELL, Esq., J.P., “ Braemar,” Lisburn Road, Hillsborough.

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NEWCASTLE URBAN	Lt. Col. K. C. C. SMITH, Strathearn, Newcastle.
NEWRY URBAN	JAMES J. CAMPBELL, Esq., 4 Mulligan's Court, Newry.
WARRENPOINT URBAN	Mrs. M. C. BENNETT, 29 Seaview, Warrenpoint.

To the Down County Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my eleventh Annual Report as required by Statute.

As in previous years, regard has been paid in the general layout of the contents to the desirability of ensuring that each Section can be read as a distinct unit, although the work described in the various Sections is so closely related that this arrangement has resulted inevitably in some repetition.

Generally speaking, the year has been one of consolidation and improvement of the existing Services, but inevitably there are still weaknesses which must be overcome. When a section of the Health Services is not developing as rapidly as is desirable, the reason is frequently found to lie in an overall shortage of the trained staff required. This is the main reason for the present inadequacy of three sections of the Services for which the Committee is responsible—the Speech Therapy, School Dental and Health Visiting Services. Whilst little effective action appears to have been taken during the year to remedy the staff shortages in the Speech Therapy and School Dental Services, it is very pleasing to report that the shortage of qualified Health Visitors should soon be resolved. This happy state of affairs is due largely to the energetic, far-seeing policy of the Northern Ireland Committee of the Royal College of Nursing who took the initiative in securing the appointment of a Health Visitor Tutor for Northern Ireland. In due course, therefore, it should be possible to hold Health Visitor training courses annually in Northern Ireland, and a regular supply of qualified Health Visitors should become available to fill the many gaps in this very important branch of the Preventive Services.

Throughout 1958 the Committee's medical and nursing staff were actively engaged in the immunisation of children under fifteen years of age against Poliomyelitis, and at the end of the year 93% of all children eligible for immunisation had been protected—a very satisfactory total indeed.

In my Annual Report for 1957 I wrote: "In the future it may be necessary to remind parents that only a few years ago Diphtheria caused many more deaths each year than Poliomyelitis or any other infectious disease, and that protection against Diphtheria and Whooping Cough can only be achieved if a satisfactory level of immunisation is maintained in the child population." In the body of the present Report reference is made to a further decline in the number of children immunised against Diphtheria during 1958, and I feel that parents must be warned that this situation could become dangerous. Whilst a number of factors have contributed to this decline, the main one undoubtedly is a growing apathy to this disease on the part of parents. This apathy is not limited to County Down, but is being observed in all parts of the United Kingdom. For the first time we are dealing with a generation of young parents who have not seen the ravages of virulent Diphtheria, and, when confronted with the desirability of having their children protected against a number of diseases which are still prevalent, they are inclined to forget about Diphtheria. Every possible step must be taken to convince such parents that Diphtheria has not been eliminated, but has only been brought under control by intensive immunisation, and that a high level of immunisation is essential if the protection so hardily won is to be maintained.

For some time past it has been apparent that hospitals treating patients suffering from mental illness were handicapped through a lack of facilities enabling them to maintain liaison with the patients' homes. This problem was examined from many angles, and ultimately a selected number of the Committee's staff of Health Visitors were given a refresher course at the Downshire Hospital in the preventive and social aspects of mental illness. These Health Visitors are now acting as a connecting link between the hospital and the homes, and I hope to be able to report further upon this promising service in my next Annual Report.

I have often referred to the great interest taken by teachers in the health of the school children under their care and to the co-operation which they have shown to the Medical Officers engaged in school medical work. A good example of the value of such co-operation is recorded on page 61 of this Report where the prompt action taken by an interested teacher enabled an outbreak of infectious skin disease to be diagnosed, treated and terminated promptly.

In conclusion, Mr. Chairman, Ladies and Gentlemen, once again I should like to thank you for the unfailing consideration and support which you have given me at all times ; to place on record my appreciation of the services of a loyal and enthusiastic staff, and to express my gratitude for the co-operation and assistance which have been so freely extended to me by Mr. J. C. Pantridge, Secretary to the Health and Welfare Committees.

I am,

Yours faithfully,

JAMES B. McKINNEY,

County Medical Officer of Health.

VITAL STATISTICS FOR THE YEAR 1958

TABLE 1.—POPULATION AT 8th APRIL, 1951, BY QUINQUENNIAL AGE GROUPS

Age (Years)				Males	Females	Persons
All Ages				117,772	123,409	241,181
0—4				12,416	11,477	23,893
5—9				11,403	10,806	22,209
10—14				9,183	8,855	18,038
15—19				9,775	8,627	18,042
20—24				8,159	8,723	16,882
25—29				8,340	9,129	17,469
30—34				8,208	8,476	16,684
35—39				8,211	8,522	16,733
40—44				7,696	8,228	15,924
45—49				6,894	7,311	14,205
50—54				6,387	7,166	13,553
55—59				5,149	5,971	11,120
60—64				4,452	5,619	10,071
65—69				4,094	5,052	9,146
70—74				3,398	4,382	7,780
75—79				2,331	2,799	5,130
80—84				1,187	1,499	2,686
85—89				409	588	997
90—94				70	146	216
95 and over				10	33	43

TABLE 2.—MARRIAGES

Marriages	Marriages per 1,000 Population
1,414	5.6

TABLE 3.—BIRTHS—REGISTERED (LIVE BIRTHS ONLY)

Total Births (including Illegitimate Births)				Illegitimate Births		
Males	Females	Total	Rate per 1,000 population	Males	Females	Total
2,655	2,489	5,144	20.5	57	47	104

TABLE 4.—DEATHS

Deaths (All Ages)			Infant Deaths (Under 1 Year)			Maternal Deaths	
Males	Females	Total	Males	Females	Total	No.	Rate per 1,000 Live Births Registered
1,445	1,305	2,750	74	54	128	3	0.58
Rate per 1,000 estimated population=10.9			Rate per 1,000 Live Births Registered=25				

TABLE 5.—DEATHS BY AGE PERIODS

Age Periods	Males	Females	Total	Age Periods	Males	Females	Total
Under 1 year	74	54	128	45—49 years	51	22	73
1 year	7	5	12	50—54 "	68	42	110
2 years	2	2	4	55—59 "	103	67	170
3 "	—	—	—	60—64 "	130	106	236
4 "	—	2	2	65—69 "	144	123	267
5—9 "	4	3	7	70—74 "	194	213	407
10—14 "	2	1	3	75—79 "	242	215	457
15—19 "	6	6	12	80—84 "	195	217	412
20—24 "	4	2	6	85—89 "	123	130	253
25—29 "	9	3	12	90—94 "	32	42	74
30—34 "	14	6	20	95 and over	6	11	17
35—39 "	13	19	32				
40—44 "	22	14	36				
				Totals	1,445	1,305	2,750

TABLE 6.—INFANT MORTALITY

Sex	Under 1 day	1 day and less than 7 days	1—4 weeks	1—2 months	2—3 months	3—6 months	6—12 months	Total	Deaths of Illegitimate Children
Males	26	18	11	7	6	3	3	74	1
Females	14	14	8	2	2	10	4	54	1
Total	40	32	19	9	8	13	7	128	2

TABLE 7.—COMPARATIVE RATES

Area	Rate per 1,000 population				Rate per 1,000 Live Births Registered	
	Marriage	Birth	Death	Death Rate from Tuberculosis	Infant Mortality	Maternal Mortality
England and Wales ...	7.6	16.4	11.7	0.10	23	0.4
Northern Ireland ...	6.6	21.6	10.8	0.11	28	0.53
County Down ...	5.6	20.5	10.9	0.14	25	0.58

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS

Abbreviated List No.	Causes of Death	Males										Females																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		Aged					Total Deaths	Aged					Total	Aged					Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Under 1 year				1-4 years		5-14 years	15-24 years	25-44 years	45-64 years	65-74 years		75 years and over	Under 1 year					1-4 years	5-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75 years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		Under 1 month	1-6 months	6-12 months	Total										Under 1 month	1-6 months	6-12 months	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
B1	Tuberculosis of Respiratory System	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Continued Overleaf

TABLE 8.—CAUSES OF DEATH AT DIFFERENT AGE PERIODS—Continued.

Abbreviated List No.	Causes of Death	Males										Females									
		Aged										Aged									
		Under 1 year				Total	Under 1 year				Total	Under 1 year				Total	Under 1 year				Total
		Under 1 month	1-6 months	6-12 months	Total		Under 1 month	1-6 months	6-12 months	Total		Under 1 month	1-6 months	6-12 months	Total		Under 1 month	1-6 months	6-12 months	Total	
B29	Hypertension without Heart Disease	27	—	—	—	27	—	—	—	—	27	—	—	—	—	11	—	—	—	—	11
B30	Influenza	11	—	—	—	11	—	—	—	—	11	—	—	—	—	4	—	—	—	—	4
B31	Pneumonia	105	—	—	—	105	—	—	—	—	105	—	—	—	—	52	—	—	—	—	52
B32	Bronchitis	62	—	—	—	62	—	—	—	—	62	—	—	—	—	42	—	—	—	—	42
B33	Ulcer of Stomach and Duodenum	11	—	—	—	11	—	—	—	—	11	—	—	—	—	1	—	—	—	—	1
B34	Appendicitis	2	—	—	—	2	—	—	—	—	2	—	—	—	—	2	—	—	—	—	2
B35	Intestinal Obstruction and Hernia	20	—	—	—	20	—	—	—	—	20	—	—	—	—	13	—	—	—	—	13
B36	Gastritis, Duodenitis, Enteritis and Colitis except Diarrhoea of the new-born	14	—	—	—	14	—	—	—	—	14	—	—	—	—	7	—	—	—	—	7
B37	Cirrhosis of Liver	7	—	—	—	7	—	—	—	—	7	—	—	—	—	5	—	—	—	—	5
B38	Nephritis and Nephrosis	10	—	—	—	10	—	—	—	—	10	—	—	—	—	6	—	—	—	—	6
B39	Hyperplasia of Prostate	28	—	—	—	28	—	—	—	—	28	—	—	—	—	28	—	—	—	—	28
B40	Complications of Pregnancy, Childbirth and Puerperium	3	—	—	—	3	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—
B41	Congenital Malformations	49	—	—	—	49	—	—	—	—	49	—	—	—	—	23	—	—	—	—	23
B42	Birth Injury, Post-Natal Asphyxia and Atelectasis	19	—	—	—	19	—	—	—	—	19	—	—	—	—	11	—	—	—	—	11
	(a) With Prematurity	16	—	—	—	16	—	—	—	—	16	—	—	—	—	8	—	—	—	—	8
	(b) Without Prematurity	11	—	—	—	11	—	—	—	—	11	—	—	—	—	5	—	—	—	—	5
B43	Infections of the New-born	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(a) With Prematurity	8	—	—	—	8	—	—	—	—	8	—	—	—	—	5	—	—	—	—	5
	(b) Without Prematurity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B44	Other Diseases peculiar to Early Infancy	18	—	—	—	18	—	—	—	—	18	—	—	—	—	13	—	—	—	—	13
	(a) With Prematurity	5	—	—	—	5	—	—	—	—	5	—	—	—	—	4	—	—	—	—	4
	(b) Without Prematurity	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B45	Senility without mention of Psychosis, Ill-defined and Unknown Causes	79	—	—	—	79	—	—	—	—	79	—	—	—	—	42	—	—	—	—	42
B46	All Other Diseases	177	—	—	—	177	—	—	—	—	177	—	—	—	—	90	—	—	—	—	90
BE47	Motor Vehicle Accidents	26	—	—	—	26	—	—	—	—	26	—	—	—	—	23	—	—	—	—	23
BE48	All Other Accidents	54	—	—	—	54	—	—	—	—	54	—	—	—	—	26	—	—	—	—	26
BE49	Suicide	5	—	—	—	5	—	—	—	—	5	—	—	—	—	4	—	—	—	—	4
BE50	Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTALS	2750	55	16	3	74	9	6	10	58	352	338	598	1445	54	9	4	8	42	237	1305
—	Gastro-Enteritis and Colitis of Children under two years of age (included in B36 and B43)	3	—	1	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2
—	Pneumonia (included in B31 and B43)	111	4	4	2	10	2	1	—	—	5	13	25	56	8	2	—	—	1	5	55

TABLE 9.—DEATHS FROM CANCER BY SEX AND SITE

Detailed List Nos.	Sites						Males	Females	Totals
	Buccal Cavity and Pharynx								
140	Lip	...	...	...	...	...	1	—	1
141	Tongue	...	...	...	...	...	1	1	2
142	Salivary Gland	...	...	...	...	...	—	—	—
143—144	Mouth	...	...	...	...	...	1	1	2
145—148	Pharynx	...	...	...	...	...	3	2	5
	Digestive Organs and Peritoneum								
150	Oesophagus	...	...	...	...	...	5	6	11
151	Stomach	...	...	...	...	...	41	47	88
152—153	Intestines	...	...	...	...	...	29	29	58
154	Rectum	...	...	...	...	...	16	7	23
155—156	Biliary Passages and Liver	...	...	...	...	...	5	7	12
157	Pancreas	...	...	...	...	...	8	8	16
158	Peritoneum	...	...	...	...	...	1	2	3
159	Other Digestive Organs	...	...	...	...	...	1	—	1
	Respiratory System								
160	Nose, Nasal Cavities, etc.	...	...	...	...	...	1	1	2
161	Larynx	...	...	...	...	...	2	—	2
162—163	Trachea, Bronchus and Lungs	...	...	...	...	...	30	8	38
164	Mediastinum	...	...	...	...	...	—	—	—
	Breast and Genito-Urinary Organs								
170	Breast	...	...	...	...	...	1	42	43
171—174	Uterus	...	...	...	...	...	—	17	17
175	Ovary, Fallopian Tube and Broad Ligament	...	...	...	...	...	—	8	8
176	Other Female Genital Organs	...	...	...	...	...	—	4	4
177	Prostate	...	...	...	...	...	19	—	19
178	Testis	...	...	...	...	...	—	—	—
179	Other Male Genital Organs	...	...	...	...	...	—	—	—
180	Kidney	...	...	...	...	...	1	2	3
181	Bladder and Other Urinary Organs	...	...	...	...	...	10	7	17
	Other and Unspecified Sites								
190—191	Skin	...	...	...	...	...	1	3	4
192	Eye	...	...	...	...	...	—	—	—
193	Brain and other parts of the Nervous System	...	...	...	...	...	3	3	6
194	Thyroid Gland	...	...	...	...	...	—	5	5
195	Other Endocrine Glands	...	...	...	...	...	1	—	1
196	Bone	...	...	...	...	...	3	—	3
197	Connective Tissue	...	...	...	...	...	—	—	—
198—199	Other Sites	...	...	...	...	...	6	9	15
200—202	Neoplasms of Lymphatic and	...	...	...	...	...	2	2	4
203—205	Haematopoietic Tissues	...	...	...	...	...	2	4	6
	TOTAL						194	225	419

TABLE 10.—COMPARATIVE RATES FOR THE COUNTY, 1946-1958

Year	Rates per 1,000 Live Births Registered			Neo-Natal Mortality among Premature Babies — Rate per 100 Live Premature Births	
	Infant Mortality	Neo-Natal Mortality	Still Birth	All Premature Births	Domiciliary Premature Births
1946	45.9	N/A.	N/A.	N/A.	N/A.
1947	46.7	24.0	N/A.	N/A.	N/A.
1948	36.3	22.9	N/A.	N/A.	N/A.
1949	40.3	22.7	26.6	24.7	22.2
1950	35.4	22.2	28.2	21.6	20.7
1951	40.0	26.1	28.9	26.9	28.2
1952	34.1	21.7	31.6	18.6	17.4
1953	30.3	17.5	29.1	13.0	15.6
1954	31.0	21.3	27.7	19.6	15.1
1955	26.0	17.4	32.7	14.3	14.7
1956	27.8	20.7	26.8	19.9	18.4
1957	23.1	16.5	31.6	14.5	14.5
1958	24.9	17.7	25.7	13.3	13.8

(N/A. denotes figures not available).

GRAPHICAL PRESENTATION OF TRENDS OF RATES IN TABLE 10

Infant Mortality———— Neo-Natal Mortality————
Still Birth———— Neo-Natal Mortality
among Premature Babies————

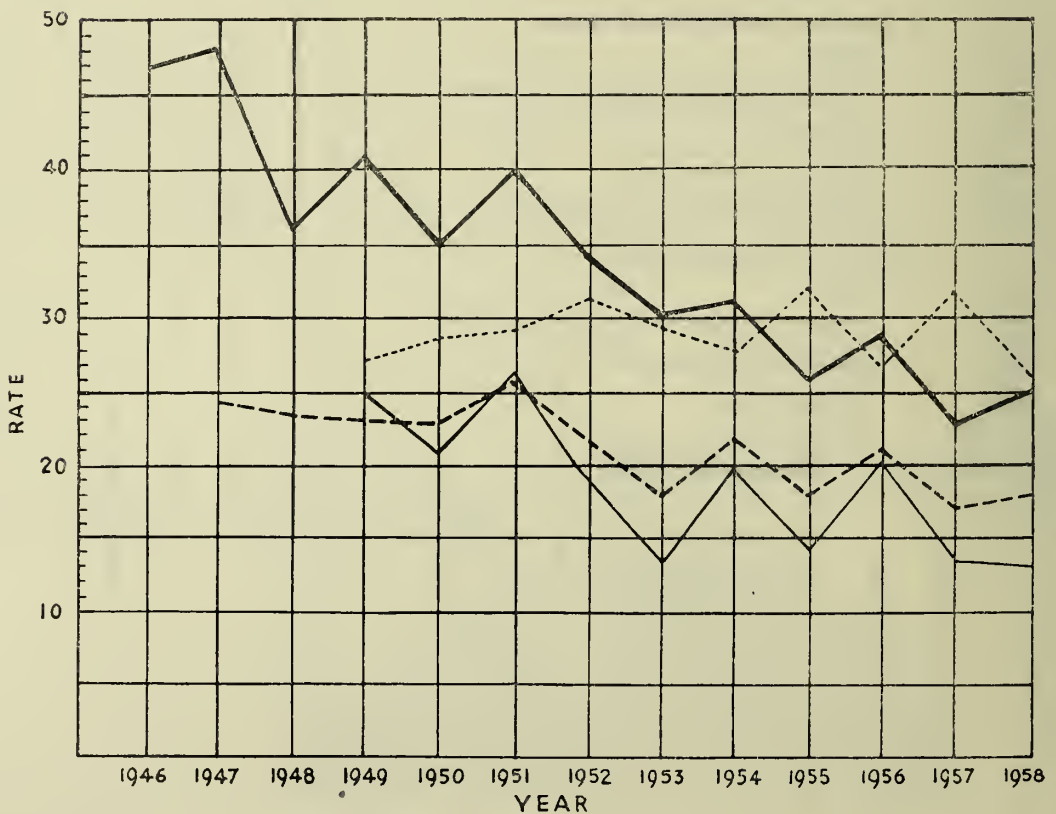


TABLE 11.—POPULATION, BIRTHS AND SCHOOL POPULATION IN RELATION TO THE SCHEME OF DIVISIONAL ADMINISTRATION

Division	Local District	1951		1957	1958				Number of Live Births notified in accordance with the Notification of Births Acts (as adjusted by transferred notifications)			School										
		Child Population under 15 years	Total Population (Census of 8/4/51)	Live Births Registered	Number of Live Births registered by Registrars within Local Areas			Number of Live Births registered after re-allocation by the Registrar General according to Local Area in which place of residence is situated														
					Male	Female	Total	Male	Female	Total	Male		Female	Total								
1	Bangor Borough	4,419	20,610	360	157	147	304	179	193	372	}	260	256	516	24	5,498						
	Donaghadee Urban	841	3,400	45	18	8	26	29	20	49												
	North Down Rural (Part)*	1,642	6,305	105	14	14	28	57	50	107												
	Total	6,902	30,315	510	189	169	358	265	263	528												
2	Newtownards Borough †	3,257	12,243	256	363	351	714	108	109	217	}	333	312	645	48	6,970						
	North Down Rural (Part)*	6,569	25,220	421	55	56	111	227	203	430												
	Total	9,826	37,463	677	418	407	825	335	312	647												
	Holywood Urban	1,540	6,316	174	36	23	59	99	72	171												
3	Castlereagh Rural	6,085	20,487	674	105	96	201	375	336	711	}	723	657	1,380	58	10,550						
	Hillsborough Rural	5,683	23,876	476	52	48	100	251	228	479												
	Total	13,308	50,679	1,324	193	167	360	725	636	1,361												
	Banbridge Urban †	1,588	6,099	127	304	265	569	63	63	126												
4	Moira Rural ...	2,163	8,937	175	41	20	61	99	64	163	}	434	361	795	68	6,752						
	Banbridge Rural (including Dro-moore Urban)	6,582	24,320	460	46	49	95	265	223	488												
	Total	10,333	39,356	762	391	334	725	427	350	777												
	Downpatrick Urban †	1,126	3,879	104	114	111	225	57	63	120												
5	Downpatrick Rural	8,578	31,529	674	251	237	488	305	320	625	}	358	391	749	73	7,805						
	Total	9,704	35,408	778	365	348	713	362	383	745												
	Newry Urban ...	4,113	13,261	333	145	128	273	160	151	311							}	534	528	1,062	78	10,700
	Newry No. 1 Rural (including War-renpoint Urban)	4,551	15,799	380	76	85	161	167	204	371												
Kilkeel Rural (including Kilkeel Urban and Newcastle Urban)	5,403	18,900	393	128	120	248	214	190	404													
Total	14,067	47,960	1,106	349	333	682	541	545	1,086													
Grand Totals		64,140	241,181	5,157	1,905	1,758	3,663	2,655	2,489	5,144	2,642	2,505	5,147	349	48,276							

* Population and Number of Live Births registered for North Down Rural Area are apportioned to Divisions 1 and 2 in the proportion of 1 to 4.

Denotes areas in which births occurring in Local Maternity Hospitals are registered and in which the figures in relation to Registration are predominantly affected by the subsequent re-allocation of births to other Local Areas and other Health Authority Areas.

COMMENTS ON VITAL STATISTICS

1. POPULATION :

My previous Annual Reports referred to the continuing growth of the County population and the upward trend has been maintained during the year under review. The natural increase of population for the year is 2,394, representing the excess of the Total Live Births Registered, 5,144, over the Total Deaths Registered, 2,750. The following are comparative figures of Births and Deaths registered since 1948 with the resultant annual natural increases :—

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of Births											
Registered	4,714	4,664	4,685	4,670	4,689	4,913	4,836	4,951	5,067	5,157	5,144
No. of Deaths											
Registered	2,718	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750
Natural Increase	1,996	2,019	1,960	1,648	1,998	2,317	2,087	2,228	2,303	2,447	2,394

In the Tables of Vital Statistics appearing in previous pages rates involving calculation on a population basis are calculated on a figure of 251,300, which is the estimated population of the County at 30th June, 1958, as determined by the Registrar-General. The population at the 8th April, 1951, according to the census taken on that date was 241,181.

2. MARRIAGES :

The number of marriages recorded during the year, 1,414, is a decrease of 37 on the total of 1,451 recorded for the previous year. The marriage rate for the year is 5.6 per 1,000 estimated population, in comparison with rates of 5.7, 5.5, 6.2, 5.9 and 5.8 for 1953, 1954, 1955, 1956 and 1957 respectively. Marriage figures relate only to those marriages celebrated within the County, there being no system of re-allocation according to the normal place of residence.

3. (a) BIRTHS :

Registered Live Births 5,144 are lower by 13 than the number registered during 1957 but are higher than the totals of registrations recorded for any other year since 1948. The birth rate, 20.5 per 1,000 estimated population, shows a slight decrease on that of 20.7 recorded for the previous year and is similar to the rate for 1956, the birth rate for each of the past three years being consistently high when compared with the rate recorded for any year between 1948 and 1955.

Compared with the total of 5,144 Registered Live Births for the year, Table 13 shows that a total of 5,147 Live Births were notified, notifications thus being in excess of registrations by 3, the difference being similar to that recorded between the figures for the year 1957.

(b) ILLEGITIMATE BIRTHS :

One hundred and four Illegitimate Live Births were registered during the year under review in comparison with totals of 115, 88, 91, 91, 103 and 92 for the years 1952, 1953, 1954, 1955, 1956, and 1957 respectively. The total number of Illegitimate Live Births recorded in Northern Ireland during the year was 709 in comparison with a total of 731 for the previous year.

4. DEATHS :

Two thousand seven hundred and fifty deaths were registered during the year, an increase of 40 on the total of 2,710 registered during the previous year, but the death rate 10.9 per 1,000 estimated population is similar to that recorded for 1957. The following are comparative figures of total deaths and death rates recorded for each year since 1948 :

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Total Deaths	2,718	2,645	2,725	3,022	2,691	2,596	2,749	2,723	2,764	2,710	2,750
Death Rate	11.7	11.3	11.6	12.5	11.2	10.7	11.2	11.1	11.2	10.9	10.9

Heart Disease was the greatest single cause of death, the number of deaths registered as due to its various forms during the year being 1,093 and representing 39.7 per cent. of the total deaths that occurred. The following are comparative figures of deaths due to Heart Disease, all forms, according to age groups, since 1950 from which it will be noted that the increasing tendency in the mortality rate from Heart Disease during 1956 and 1957 was again evident in 1958.

	Under 25 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over	Total
1950—No. of Deaths	4	26	179	285	506	1,000
(per cent.	0.4	2.6	17.9	28.5	50.6)	
1951—No. of Deaths	3	21	173	279	542	1,018
(per cent.	0.3	2.1	17.0	27.4	53.2)	
1952—No. of Deaths	4	25	190	298	505	1,022
(per cent.	0.4	2.4	18.6	29.2	49.4)	
1953—No. of Deaths	2	19	182	289	457	949
(per cent.	0.2	2.0	19.2	30.4	48.2)	
1954—No. of Deaths	3	21	175	276	519	994
(per cent.	0.3	2.1	17.5	27.8	52.3)	
1955—No. of Deaths	6	15	166	280	505	972
(per cent.	0.6	1.5	17.1	28.8	52.0)	
1956—No. of Deaths	3	34	184	271	533	1,025
(per cent.	0.3	3.2	18.0	26.5	52.0)	
1957 No. of Deaths	4	19	195	291	553	1,062
(per cent.	0.4	1.8	18.3	27.4	52.1)	
1958—No. of Deaths	3	20	218	308	544	1,093
(per cent.	0.3	1.8	19.9	28.2	49.8)	

In the age group " 45 to 64 years " the total deaths recorded for the year under review represents an increase of 21.8 per cent. on that recorded for 1950. In this group there were 141 deaths of males and 77 of females in comparison with 133 relating to males and 62 to females in 1957, and 97 relating to males and 82 to females in 1950.

Deaths registered as due to Heart Disease in the age group " 65 to 74 years " represent an increase of 8.1 per cent. on the total registered during the year 1950, while in the case of the age group " 75 years and over " the total deaths for this year is an increase of 7.5 per cent. on that for 1950.

The distribution of deaths from Heart Disease according to age groups indicates that, while in general there is an increase in the mortality rate in each of the three upper age groups, the increase is proportionately greater in the age group " 45 to 64 years."

Next to Heart Disease, Cancer now ranks second as the greatest single cause of death, 419 deaths being registered as attributable to Cancer during the year under review, representing 15.2 per cent. of the total deaths that occurred in the County. The following figures show the number of deaths from Cancer during the past thirteen years from which it will be noted that there has been a progressive increase in the total deaths from this cause in each year since 1954.

	Deaths of Males	Deaths of Females	Total Deaths		Deaths of Males	Deaths of Females	Total Deaths
1946—	178	180	358	1953—	180	197	377
1947—	184	177	361	1954—	164	196	360
1948—	149	206	355	1955—	181	209	390
1949—	162	189	351	1956—	171	219	390
1950—	177	172	349	1957—	204	198	402
1951—	173	169	342	1958—	194	225	419
1952—	193	164	357				

Deaths of males from Cancer, 194, are lower by 10 than the number recorded for the previous year but are substantially higher than those recorded in any other year since 1946. Deaths of females from Cancer, 225, are higher by varying degrees than the numbers attributed to this cause for any other year since 1946. A somewhat progressive increase in the mortality rate from Cancer among women has occurred since 1953, whereas between 1946 and 1952 the general trend of the related rate was downward. The most frequent sites of fatal Cancer among males during the year were Stomach 41, Trachea Bronchus and Lungs 30, Intestines 29, Prostate 19 and Rectum 16, while among females the most frequent sites were Stomach 47, Breast 42, Intestines 29 and Uterus 17. Deaths of males attributed to Cancer of the Trachea, Bronchus and Lungs are lower by 6 than the total for the previous year and is equal to the total for 1953. From 1954 to 1956 when a total of 45 such deaths were recorded the mortality rate showed an upward trend.

Comparative figures of deaths from Cancer according to age groups are as follows :

	14 years and under	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over
1950—No. of Deaths	1	1	24	117	109	97
(per cent.	0.3	0.3	6.8	33.5	31.2	27.9)
1951—No. of Deaths	1	1	17	121	112	90
(per cent.	0.3	0.3	5.0	35.4	32.7	26.3)
1952—No. of Deaths	1	1	20	130	105	100
(per cent.	0.3	0.3	5.6	36.4	29.4	28.0)
1953— No. of Deaths	5	4	16	115	125	112
(per cent.	1.3	1.0	4.2	30.5	33.2	29.7)
1954—No. of Deaths	3	2	26	119	101	109
(per cent.	0.8	0.6	7.2	33.0	28.1	30.3)
1955— No. of Deaths	2	1	24	114	132	117
(per cent.	0.5	0.3	6.2	29.2	33.8	30.0)
1956—No. of Deaths	2	1	23	132	109	123
(per cent.	0.5	0.3	5.9	33.8	28.0	31.5)
1957—No. of Deaths	1	2	21	124	133	121
(per cent.	0.2	0.5	5.2	30.9	33.1	30.1)
1958—No. of Deaths	—	2	20	138	108	151
(per cent.	—	0.5	4.8	32.9	25.8	36.0)

In previous years the mortality from Cancer has generally been highest in the age group “ 45 to 64 years ” and diminishing through the upper age groups but for the year under review the upper age group “ 75 years and over ” has emerged as the group with the highest mortality rate, 151 deaths being registered in this group in comparison with 138 and 108 in the age groups “ 45 to 64 years ” and “ 65 to 74 years ” respectively.

Deaths due to Vascular Lesions of the Central Nervous System numbered 387 in comparison with totals of 360, 369, 345, 366, 404, 410 and 381 for the years 1951, 1952, 1953, 1954, 1955, 1956 and 1957 respectively.

There were 11 deaths from Influenza and 105 deaths from Pneumonia in comparison with respective totals of 28 and 92 for the previous year, the increase in deaths from Pneumonia between the two years being almost entirely applicable to the age group “ 65 to 74 years ” in which 11 deaths occurred in 1957 and 25 in 1958, while the decrease in those due to Influenza resulted from a general fall in the mortality throughout all of the upper age groups.

The following figures show the number of deaths from Bronchitis during the past eleven years from which it will be noted that mortality from this cause has shown only slight variations over the period and that by far the greater number of deaths in each year relate to males :—

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Deaths of Males	44	33	38	48	30	42	42	40	47	45	42
Deaths of Females	27	28	36	34	15	22	25	24	24	18	20
Total Deaths	71	61	74	82	45	64	67	64	71	63	62

Deaths attributed to Rheumatic Fever, 3, and Chronic Rheumatic Heart Disease, 21, are lower respectively by 1 and 6 than the respective totals recorded for 1957.

Deaths registered during the year as due to Tuberculosis, all forms, totalled 35 an increase of 8 and 4 respectively on the total for 1956 and 1957 respectively. The following figures show the deaths resulting from Tuberculosis during the past eleven years and indicate that, although Tuberculosis is not now one of the major causes of death, the problem of the control of the disease is clearly an ever present reality, having regard to the fact that during the past two years following the record low mortality rate recorded in 1956 the number of deaths has assumed an upward trend.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Deaths due to Tuberculosis of the Respiratory System	125	88	71	84	55	46	34	31	22	28	29
Deaths due to Other Forms of Tuberculosis	33	27	21	23	16	10	15	6	5	3	6
Total Deaths	158	115	92	107	71	56	49	37	27	31	35

In comparison with 92 deaths from Accidents (all types) registered during 1957 a total of 80 deaths in this category occurred during the year under review. The following are comparative figures of deaths from Accidents as allocated between Motor Vehicle Accidents and Other Accidents from which it will be noted that following a disappointingly high total in the previous year the totals in each group have assumed a somewhat lower level. The total of 80 deaths for the year is similar to that for 1950 and lower than that recorded for any of the other years since 1950 with the exception of 1952 in which the record low total of 71 deaths occurred.

	1950	1951	1952	1953	1954	1955	1956	1957	1958
Deaths due to Motor Vehicle Accidents	23	34	22	23	40	19	26	31	26
Deaths due to Other Accidents	57	53	49	69	46	62	57	61	54
Total Deaths	80	87	71	92	86	81	83	92	80

From the following comparative figures of deaths due to Accidents (other than Motor Vehicle Accidents) it will be noted that the numbers in the upper age groups continue to be of a high level, the decrease in this category applying largely to children under 5 years of age, only 2 deaths of children under 5 years of age being attributable to Accidental Causes (other than Motor Vehicle Accidents). It is gratifying to record this low total as in my previous Annual Reports I have drawn attention to the association of young children with accidents in their homes and to the steps taken with regard to Accident Prevention. The continuing high mortality rate from accidental causes among the elderly gives cause for concern and shows that the problem of prevention of accidents requires continuous attention.

	Under 1 year	1—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65—74 years	75 years and over	Total
1950	3	1	2	4	4	15	8	20	57
1951	4	5	3	8	4	12	4	13	53
1952	2	2	1	2	8	7	3	23	48
1953	8	3	4	4	13	8	9	20	69
1954	4	4	3	1	5	3	6	20	46
1955	7	3	4	2	6	11	5	24	62
1956	3	3	4	1	8	13	6	19	57
1957	3	3	—	4	9	8	6	28	61
1958	—	2	1	4	6	8	6	27	54

5. INFANT MORTALITY :

Deaths of Infants under One Year of Age totalled 128 in comparison with the following for the previous nine years :—

1949	1950	1951	1952	1953	1954	1955	1956	1957
188	166	187	160	149	150	129	141	119

The Infant Mortality Rate is 24.9 per 1,000 Live Births Registered, the second lowest rate recorded in the County, being 1.8 higher than the record low rate of 23.1 recorded in the previous year. Table 10 shows the trend of the Infant Mortality Rate in the County for the past thirteen years.

The principal causes of death in this category were :—

Congenital Malformations	44
Birth Injury, Post Natal Asphyxia and Atelectasis	35
Diseases peculiar to Early Infancy	23
Pneumonia	12
Infections of the New-born	8

Deaths attributed to Congenital Malformations, 44, are higher by 16, 19, 5 and 15 than the totals for 1954, 1955, 1956 and 1957 respectively. The number of deaths due to Birth Injury, Post Natal Asphyxia and Atelectasis, 35, is an increase of 4 on the total for the previous year. Deaths in the category diseases peculiar to Early Infancy, 23, show a decrease of 6 on the total for the previous year and represent a record low total of deaths under this heading. The number of deaths of Infants under One Year due to Pneumonia, 12, is also a record low total, the previous lowest total, 14, being recorded in 1957.

Of the total of 128 Infant deaths 2 related to illegitimate children in comparison with 5 out of a total of 141 in 1956 and 4 out of a total of 119 in 1957.

6. NEO-NATAL DEATHS :

The number of deaths which occurred at ages of less than one month was 91, giving a Neo-Natal Death Rate of 17.7 per 1,000 Live Births Registered. Details of the corresponding rates since 1947, the first year in which statistics in relation to Neo-Natal deaths are available for the County as a whole are contained in Table 10.

From the following comparative figures of Neo-Natal deaths classified according to age groups it will be seen that the comparatively low mortality rates in the " Less than 1 day " and " 1 to 6 day " groups reported for 1957 have continued for the year under review, the rates in both cases being similar to those for the previous year, the increase in Neo-Natal deaths between 1957 and 1958 applying entirely to the " 1 to 4 weeks " group.

			Under 1	1 to 6	1 to 4	
			day	days	weeks	Total
1948	.....	.....	43(9.1)	40 (8.5)	25(5.3)	108
1949	.....	.....	44(9.4)	46(9.9)	16(3.4)	106
1950	.....	.....	34(7.3)	49(10.5)	21(4.5)	104
1951	.....	.....	54(11.6)	44(9.4)	24(5.1)	122
1952	.....	.....	48(10.2)	37(7.9)	17(3.6)	102
1953	.....	.....	46(9.4)	25(5.1)	15(3.0)	86
1954	.....	.....	56(11.6)	34(7.0)	13(2.7)	103
1955	.....	.....	44(8.9)	30(6.1)	12(2.4)	86
1956	.....	.....	47(9.3)	45(8.9)	13(2.5)	105
1957	.....	.....	40(7.8)	32(6.2)	13(2.5)	85
1958	.....	.....	40(7.8)	32(6.2)	19(3.7)	91

Birth Injury, Post Natal Asphyxia and Atelectasis (35 deaths), Congenital Malformations (25 deaths), Other Diseases peculiar to Early Infancy (22 deaths) and Infections of the New-born (8 deaths) account for practically all of the Neo-Natal deaths, the respective totals from these causes during the previous year being 29, 29, 17 and 5.

Neo-Natal deaths registered under the various causes and associated with prematurity totalled 36, in comparison with the figure of 46 deaths of Premature Babies recorded in Table 35 as occurring at ages of less than one month.

7. MATERNAL MORTALITY :

Deaths registered during the year as being due to Complications of Pregnancy, Childbirth and the Puerperium numbered 3 in comparison with totals of 3, 2, 4, 5 and 5 for 1953, 1954, 1955, 1956 and 1957 respectively.

MATERNITY AND CHILD HEALTH

TABLE 12—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—NUMBER AND CLASSIFICATION OF BIRTHS NOTIFIED AND RELATIVE EQUIVALENT CONFINEMENTS

		Live Births	Still Births	Total Births	Multiple Births		Equivalent Confinements
					Twin	Triplet	
(a) Number of births notified arising from confinements which occurred within the County.	Domiciliary	1,612	21	1,633	17*	—	1,618
	Hospital	1,961	59	2,020	31	1	1,985
	Nursing Home	70	—	70	1	—	69
	Total	3,643	80	3,723	49	1	3,672
(b) Number of births notified to other Health Authorities (included in Part (a)).	Domiciliary	8	—	8	—	—	8
	Hospital	134	4	138	2	1	134
	Nursing Home	21	—	21	—	—	21
	Total	163	4	167	2	1	163
(c) Number of births notified arising from confinements which occurred in other Health Authority Areas.	Domiciliary	18	—	18	—	—	18
	Hospital	1,547	55	1,602	35	1	1,565
	Nursing Home	102	1	103	1	—	102
	Total	1,667	56	1,723	36	1	1,685
(d) Net total notified births applicable to the County.	Domiciliary	1,622	21	1,643	17*	—	1,628
	Hospital	3,374	110	3,484	64	1	3,416
	Nursing Home	151	1	152	2	—	150
	Total	5,147	132	5,279	83	1	5,194

* Includes two multiple births in which the first baby was born at home and the second in hospital.

TABLE 13—NOTIFICATION OF BIRTHS ACTS 1907 AND 1915—NUMBER OF BIRTHS NOTIFIED DURING EACH QUARTER OF THE YEAR AND NUMBER OF BIRTHS (LIVE) REGISTERED BY THE REGISTRAR GENERAL

Quarter	Notified in County and applicable to County		Notified to Other Health Authorities		Notified by Other Health Authorities		Net Births applicable to the County			Births (Live) Registered by the Registrar General	Excess or Deficiency of Live Births Notified in comparison with Live Births Registered	
	Live	Still	Live	Still	Live	Still	Live	Still	Total		Excess	De- ficiency
1st	905	25	28	—	444	18	1,349	43	1,392	1,338	11	—
2nd	909	23	47	1	473	9	1,382	32	1,414	1,361	21	—
3rd	841	15	49	3	364	12	1,205	27	1,232	1,239	—	34
4th	825	13	39	—	386	17	1,211	30	1,241	1,206	5	—
Total	3,480	76	163	4	1,667	56	5,147	132	5,279	5,144	3	—

TABLE 14.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—ALLOCATION OF NET TOTAL NOTIFIED BIRTHS (PART D OF TABLE 12) ACCORDING TO DIVISIONAL AREAS, SEX, PLACE OF BIRTH AND EQUIVALENT CONFINEMENTS WITH LIVE AND STILL BIRTH RATES

Division	Total Live and Still Births	Live Births				† Live Birth-rate per 1,000 Population	Still Births					Still Birth Rate per 1,000 Live Births Notified	Multiple Births		Equivalent Confinements				Domiciliary Hospital	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total	Domiciliary	Nursing Home	Hospital	Total
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† The Live Birth Rates shown in the Table are calculated on the relative totals of population determined by the Census of Population taken on the 8th April, 1951.

* Two Twin Births occurred, one in Division 2 and the other in Division 5, in which the first baby was born at home and the second in hospital.

TABLE 15.—ALLOCATION OF BIRTHS NOTIFIED BY HOSPITALS

In County	Hospital	Division 1		Division 2		Division 3		Division 4		Division 5		Division 6		County			Notified to other Health Authorities			Grand Totals		
		Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Live	Still	Total	Live	Still	Total	Live	Still	Total
	Banbridge ...	—	—	—	—	—	—	436	10	4	—	45	1	487	11	498	55	3	58	542	14	556
	Bangor ...	241	2	3	—	17	—	—	—	—	—	—	—	261	2	263	1	—	1	262	2	264
	Downe ...	—	—	—	—	2	—	1	—	104	10	32	1	139	11	150	1	—	1	140	11	151
	Quoile ...	—	—	1	—	3	—	3	—	155	3	33	1	195	4	199	—	1	1	195	5	200
	Mourne ...	—	—	—	—	—	—	—	—	1	—	91	1	92	1	93	—	—	—	92	1	93
	Newry General ...	—	—	—	—	—	—	—	—	—	—	—	2	33	2	35	55	—	55	88	2	90
	Newtownards ...	153	7	376	14	83	3	—	—	8	—	—	—	620	24	644	22	—	22	642	24	666
	Total ...	394	9	380	14	107	3	440	10	272	13	234	6	1,827	55	1,882	134	4	138	1,961	59	2,020
In other Health Authority Areas	Belfast City ...	8	—	23	—	312	6	6	2	21	—	3	—	373	8	381						
	Daisy Hill ...	—	—	—	—	—	—	1	—	—	—	330	18	331	18	349						
	Laganvalley ...	—	—	1	—	163	3	38	1	17	1	—	—	219	5	224						
	Lurgan ...	—	—	1	—	1	—	98	3	—	—	1	—	101	3	104						
	Malone Place ...	4	—	4	—	67	2	2	—	1	—	1	—	79	2	81						
	Mater ...	3	—	2	—	16	2	2	—	16	2	4	—	43	4	47						
	Royal Maternity ...	7	—	20	1	203	9	7	—	28	2	17	2	282	14	296						
	Johnstone House ...	11	—	14	—	50	—	4	1	8	—	2	—	89	1	90						
	Samaritan ...	1	—	1	—	12	—	—	—	1	—	—	—	15	—	15						
	Carleton ...	—	—	—	—	—	—	11	—	—	—	1	—	12	—	12						
	Other ...	—	—	—	—	3	—	—	—	—	—	—	—	3	—	3						
	Total ...	34	—	66	1	827	22	169	7	92	5	359	20	1,547	55	1,602						
In County	GRAND TOTALS	428	9	446	15	934	25	609	17	364	18	593	26	3,374	110							
		437		461		959		626		382		619		3,484								

TABLE 16.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—DETAILS OF MULTIPLE BIRTHS NOTIFIED

Division	No. of Multiple Births	Sex			Condition		
		Male Twins	Female Twins	1 Male 1 Female	Live Born Twins	Still Born Twins	1 Live Born 1 Still Born
1	6	4	1	1	6	—	—
2	11	2	3	6	9	1	1
3	19*	6	5	8	17	2	—
4	17	4	5	8	15	1	1
5	14	6	3	5	13	1	—
6	16	9	3	4	13	3	—
Total	83*	31	20	32	73	8	2

* In addition one triplet birth occurred in Division 3, all live born (2 males and 1 female)

TABLE 17.—NOTIFICATION OF BIRTHS ACTS, 1907 AND 1915—COMPARATIVE BIRTH STATISTICS FROM 1951

					1951	1952	1953	1954	1955	1956	1957	1958	
Registered Live Births		No. Rate per 1,000 Population			4,670 19.3	4,689 19.5	4,913 20.2	4,836 19.8	4,951 20.2	5,067 20.5	5,157 20.7	5,144 20.5	
Notified Live Births		No. Rate per 1,000 Population			4,788 19.8	4,794 19.9	4,942 20.4	4,894 20.0	4,907 20.1	5,071 20.5	5,160 20.7	5,147 20.5	
Difference between Notified Live Births and Registered Live Births					118 —	105 —	29 —	58 —	— 44	4 —	3 —	3 —	
Notified Still Births		No. Rate per 1,000 Notified Live Births			135 28.2	148 30.9	143 28.9	134 27.4	162 33.0	136 26.8	163 31.6	132 25.6	
Distribution of Notified Births according to Place of Birth	Live Births	Domiciliary	...	...	2,228	2,057	2,062	1,948	1,833	1,805	1,805	1,622
		Hospital	...	...	2,348	2,539	2,697	2,723	2,879	3,120	3,190	3,374
		Nursing Home	...	...	212	198	183	223	195	146	165	151
	Still Births	Domiciliary	...	...	48	49	36	25	31	26	25	21
		Hospital	...	...	85	98	106	105	129	107	138	110
		Nursing Home	...	...	2	1	1	4	2	3	—	1
	Live and Still Births	Domiciliary	...	{No. %	2,276 46.3	2,106 42.6	2,098 41.3	1,973 39.3	1,864 36.8	1,831 35.2	1,830 34.4	1,643 31.1	
		Hospital	...	{No. %	2,433 49.4	2,637 53.4	2,803 55.1	2,828 56.2	3,008 59.3	3,227 62.0	3,328 62.5	3,484 66.0	
		Nursing Home	...	{No. %	214 4.3	199 4.0	184 3.6	227 4.5	197 3.9	149 2.8	165 3.1	152 2.9	
Grand Total				...	4,923	4,942	5,085	5,028	5,069	5,207	5,323	5,279	
Births notified in County and applicable to County					{No. %	3,570 72.5	3,508 71.0	3,498 68.8	3,324 66.1	3,407 67.2	3,504 67.3	3,571 67.1	3,556 67.4
Births notified by Other Health Authorities					{No. %	1,353 27.5	1,434 29.0	1,587 31.2	1,704 33.9	1,662 32.8	1,703 32.7	1,752 32.9	1,723 32.6

TABLE 18.—STILLBIRTH RATES PER 1,000 NOTIFIED LIVE BIRTHS FROM 1951 TO 1958

Division	1951	1952	1953	1954	1955	1956	1957	1958	Average Rate 1951/1958
1	21.8	27.6	24.8	23.3	31.5	25.2	20.0	23.3	24.7
2	28.3	31.9	32.3	28.1	34.6	28.2	30.3	29.5	30.4
3	23.7	23.9	30.7	18.0	33.8	20.8	29.9	22.5	25.4
4	25.1	34.5	32.3	28.0	37.1	31.4	29.5	26.4	30.5
5	31.3	47.4	31.1	45.8	40.7	36.3	42.2	28.0	37.8
6	35.3	25.6	22.9	27.5	23.9	24.2	33.9	27.3	27.6
County	28.2	30.9	28.9	27.4	33.0	26.8	31.6	25.6	29.0

NOTIFICATION OF BIRTHS ACTS, 1907 and 1915

The Total Number of Births notified, 5,279, is a decrease of 44 on the record high figure of 5,323 notified for the previous year and is the second highest total recorded since 1949, the first complete year in which compulsory notification applied to the entire County. The figure of total notifications for the year under review is 7.8 per cent. higher than the total of 4,896 notified in 1949.

Domiciliary Births, 1,643, are lower by 187 than the total notified during 1957 and represent 31.1 per cent. of the Total Births Notified. Since 1949, when 2,526 Domiciliary Births were notified annual decreases of varying proportion in births in this category have occurred, the successive decreases being :—

1950	1951	1952	1953	1954	1955	1956	1957	1958
88	162	170	8	125	109	33	1	187

The total of 1,643 Domiciliary Births for the year is 38.9 per cent. lower than the total of 2,526 recorded in 1949.

Hospital Births, 3,484, are higher by 156 than the total notified during 1957 and represent 66.0 per cent. of the Total Births Notified. Since 1949, when a total of 2,073 Hospital Births were notified births in this category have shown the following continuous annual increases :—

1950	1951	1952	1953	1954	1955	1956	1957	1958
174	186	204	166	25	180	219	101	156

The total of 3,484 Hospital Births for this year is higher by 1,411, or 68.1 per cent., than the number of such births notified in 1949.

Nursing Home Births, 152, show a decrease of 13 on the figure of 165 notified in the previous year and with the exception of 1956 in which 149 such births were notified, represent the lowest total recorded since 1949, the total for this year being 51.2 per cent. of the figure of 297 recorded in 1949.

The number of births occurring in Other Health Authority Areas to residents of the County is a decrease of 29 on the total recorded for the previous year and represents 32.6 per cent. of the Net Total Notified Births. The decrease noted is a variation of the trend hitherto apparent in this group between 1949 and 1957, during which period with the exception of the year 1955 successive annual increases were recorded.

Reference has been made above to the fact that the number of hospital births continued to increase during the year under review but the increase in such births is largely related to hospitals within the County. The following are comparative figures of births notified by hospitals since 1950, from which it will be noted that, while the totals relating to hospitals situated outside the County showed the most significant annual increases between 1950 and 1954, the numbers for the last four years indicate a marked development in the utilisation of maternity facilities in hospitals within the County :—

		1950	1951	1952	1953	1954	1955	1956	1957	1958
Notified by Hospitals in County	Births applicable to County	1,290	1,281	1,358	1,362	1,299	1,488	1,643	1,682	1,882
	Births applicable to other areas	48	65	51	55	66	74	92	91	138
Notified by Hospitals in other areas		957	1,152	1,279	1,441	1,529	1,520	1,584	1,601	1,602

Table 13 shows that as against 5,144 live births registered by the Registrar General as being applicable to the County, a total of 5,147 live births were notified during the year, notifications therefore being in excess of registrations by 3. (Still Births, although notifiable, do not require registration).

Examination of Table 11 reveals that in no case does the number of births notified in any of the Divisional Areas agree exactly with the number of births registered, notifications in some being higher than registrations and in others lower. The differences are, as explained in my previous Annual Reports due to certain anomalies which exist between the system of notification and that of registration.

A total of 84 illegitimate births were notified during the year comprising 81 live births and 3 still births, while the number of illegitimate live births registred by the Registrar General was 104. The difference between the figures of notifications and registrations is attributable to the fact that not all notifications of illegitimate births occurring in Belfast to mothers normally resident in County Down are transferred by the Belfast Health Authority, a number being retained for administrative reasons in connection with the City Child Health and Welfare Services, whereas the births are in general registered as applicable to County Down.

The overall Still Birth Rate is 25.6 per 1,000 Notified Live Births which is a reduction of 6.0 on the rate for the previous year while it is also the lowest rate recorded since the introduction of compulsory notification in 1949.

TABLE 19.—MATERNITY MEDICAL SERVICE—SUMMARY OF PROFESSIONAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS UNDER THE COUNTY MATERNITY MEDICAL SERVICE, RELATED TO CLASSIFIED CONFINEMENTS

	Domiciliary Confinements	Hospital Confinements		Nursing Home Confinements	Totals
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staffs		
No. of women examined ante-natally	1,412	842	1,452	128	3,834
No. of ante-natal examinations made	10,397	6,787	10,666	1,165	29,015
No. of confinements attended by General Practitioners under the Maternity Medical Service	1,372	845	—	121	2,338
No. of women confined in hospital who were attended in labour at home by General Practitioners under the Maternity Medical Service	—	—	113	—	113
No. of Lying-in and post-natal visits made	8,280	5,881	1,747	868	16,776
No. of final pelvic examinations made	1,339	818	1,087	121	3,365
No. of cases in which a General Anaesthetic was administered by a second doctor	11	22	1	3	37
No. of confinements applicable to the County during the year	1,628	3,416		150	5,194

- NOTES :—** 1. Services rendered in the following types of cases are not included in the foregoing table :—
- (i) Cases which resulted in abortion or miscarriage.
 - (ii) Cases in which women obtained services in the ante-natal stage but removed to live permanently in other Health Authority Areas before the actual confinement occurred.
 - (iii) Cases in which the patients were not permanent residents of County Down.
2. In any case in which a woman obtained services from two or more doctors under the Maternity Medical Service, the services rendered by all of the doctors concerned in relation to Ante-Natal Examinations have been treated as if they had been given by one doctor.
3. The figure of 1,372 representing the number of Domiciliary Confinements attended by General Practitioners under the Maternity Medical Service includes 14 confinements in which the patients were only seen in labour or the patients had been delivered before the arrival of the doctor.

TABLE 20.—MATERNITY MEDICAL SERVICE—SUMMARY OF ANTE-NATAL SERVICES RENDERED BY GENERAL MEDICAL PRACTITIONERS RELATED TO CLASSIFIED CONFINEMENTS ACCORDING TO NUMERICAL GRADING OF ANTE NATAL EXAMINATIONS

Ante-Natal Examinations per case	Domiciliary Confinements	Hospital Confinements		Nursing Home Confinements	Totals	
		Conducted by General Practitioners under the County Maternity Medical Service	Conducted by Hospital Staff		No.	%
1	19	3	21	—	43	1.1
2	9	6	27	—	42	1.1
3	31	12	58	2	103	2.7
4	74	29	88	4	195	5.1
5	185	77	173	7	442	11.5
6	272	122	257	13	664	17.3
7	234	119	224	18	595	15.5
8	197	134	190	15	536	14.0
9	128	113	135	17	393	10.3
10	100	90	99	12	301	7.9
11	56	50	59	12	177	4.6
12	36	39	32	10	117	3.0
13	29	27	45	9	110	2.9
14	20	14	14	3	51	1.3
15	15	5	9	—	29	1.7
16	4	1	2	3	10	
17	2	—	5	2	9	
18	—	—	2	1	3	
19	—	—	3	—	3	
20	1	—	4	—	5	
22	—	—	1	—	1	
23	—	—	1	—	1	
24	—	—	1	—	1	
25	—	1	—	—	1	
27	—	—	1	—	1	
30	—	—	1	—	1	
Total	1,412	842	1,452	128	3,834	100.0

TABLE 21. — MATERNITY MEDICAL SERVICE — ANTE-NATAL SERVICES CLASSIFIED ACCORDING TO PERIOD IN WHICH GENERAL PRACTITIONERS BOOKED, AVERAGE ANTE-NATAL EXAMINATIONS PER CASE, EXPECTED PLACE OF CONFINEMENT OF BOOKED CASES, ETC.

ANTE-NATAL SERVICES											No. of Cases in which no Ante-Natal Services rendered by doctors but confinement attended under Maternity Medical Service
No. of women who booked services of doctor in ante-natal period			Average No. of Ante-Natal Examinations on Cases			Expected place of Confinement at time when doctor booked				No. of Cases (Domiciliary Confinements only) in which doctors rendered Ante-Natal Services but did not attend confinement	
			Booked before 28th week	Booked after 28th week	All Cases	Domi- ciliary	Hospital	Nursing Home	Unspeci- fied		
Domiciliary Confinements	Before 28th week	After 28th week	Total	7.6	4.2	7.4	1,225	90	5	92	12
	801	41	842	8.3	4.2	8.1	58	735	1	48	4
	1,369	83	1,452	7.5	4.4	7.3	378	915	25	134	3
Nursing Home Confinements	125	3	128	9.2	4.7	9.1	17	7	92	12	—
	3,603	231	3,834	7.8	4.3	7.6	1,678	1,747	123	286	19
Totals											

TABLE 22.—MATERNITY MEDICAL SERVICE—COMPARATIVE FIGURES OF PROFESSIONAL SERVICES PROVIDED BY GENERAL MEDICAL PRACTITIONERS, 1951-1958.

	Type of Confinement	1951	1952	1953	1954	1955	1956	1957	1958
No. of women examined ante-natally	Domiciliary	2,038	1,961	1,780	1,774	1,443	1,642	1,492	1,412
	Hospital (a)	741	744	807	765	807	821	828	842
	Hospital (b)	858	1,015	1,040	1,161	1,156	1,311	1,311	1,452
	Nursing Home	92	99	98	168	148	124	121	128
	Total	3,729	3,819	3,725	3,868	3,554	3,898	3,752	3,834
Average No. of ante-natal examinations	Domiciliary	6.7	6.8	6.8	7.0	7.1	7.3	7.5	7.4
	Hospital (a)	7.2	7.5	7.5	7.7	7.9	7.7	8.1	8.1
	Hospital (b)	6.8	6.9	6.9	7.2	7.2	7.1	7.4	7.3
	Nursing Home	7.4	8.2	7.4	8.2	8.3	8.4	8.5	9.1
	Total	6.8	7.0	7.0	7.3	7.4	7.4	7.6	7.6
No. of confinements attended by General Practitioners under the Maternity Medical Service	Domiciliary	2,047	1,981	1,779	1,762	1,445	1,628	1,492	1,372
	Hospital	745	749	821	776	831	823	841	845
	Nursing Home	—	—	51	152	137	120	113	121
	Total	2,792	2,730	2,651	2,790	2,413	2,571	2,446	2,338
No. of women attended in labour at home before confinement in hospital	Hospital	139	159	175	155	106	108	108	113
No. of women who received final pelvic examinations	Domiciliary	2,000	1,891	1,689	1,674	1,387	1,532	1,339	1,339
	Hospital (a)	718	724	766	739	782	794	791	818
	Hospital (b)	664	829	807	854	886	963	954	1,087
	Nursing Home	81	91	88	157	145	119	117	121
	Total	3,463	3,535	3,350	3,424	3,200	3,408	3,201	3,365

NOTES :—1. Statistics regarding ante-natal examination and final pelvic examination in relation to hospital confinements are shown separately against Types (a) and (b), the former denoting hospital confinements conducted by General Practitioners under the Maternity Medical Service, and the latter confinements conducted by hospital staff.
2. The Domiciliary Maternity Scheme was extended to include attendance at confinements in Registered Nursing Homes as from 1st May, 1953, only.

MATERNITY MEDICAL SERVICE

As I think it may prove important in the future to be able to study the present trends in the Maternity Medical Service I have followed the custom which I adopted in previous years of commenting in some detail upon the statistical returns.

TERMS AND CONDITIONS :

In accordance with a circular letter received from the Ministry of Health and Local Government the schedule of fees under the scheme was extended as and from the 1st April, 1958 to admit payment of the requisite fee for a final pelvic examination in cases where owing to circumstances beyond the control of the doctor it is not possible to carry out such examination, e.g. due to the patient's refusal to have a final pelvic examination or to the patient's removal to an area at such a distance from the doctor's practice as to render the examination impossible. This was the only change affecting the general terms and conditions of this service made during the year.

UTILISATION :

Table 19 is a summary of professional services rendered by doctors under the Maternity Medical Service. The figures contained in the table are a summary of the data contained in case records submitted by medical practitioners during the year under review and are not directly related to confinements which occurred during the year. This practice has also been adopted in the compilation of the figures in Table 22 which is a comparative statement of the returns relating to the service since 1951.

In comparison with the figures for the previous year Table 19 shows an increase in the number of mothers who availed themselves of ante-natal services provided and also of final pelvic examinations. Reference to Table 22 shows that fluctuations are a common feature of the annual returns relating to the Maternity Medical Service, but consideration of the returns on a quinquennial moving average basis, as will be seen from the following figures, give an accurate impression of the trend of utilisation of the service.

		Five Years Ended				
		1954	1955	1956	1957	1958
Average No. of Women examined ante-natally		3,754	3,738	3,773	3,759	3,781
Average No. of Women who received final pelvic examinations		3,435	3,394	3,383	3,319	3,320
Average No. of Confinements		4,916	4,941	4,998	5,076	5,111

Comparative figures of confinements which occurred since 1950 according to actual place of confinement are as follows :—

	Domiciliary Confinements	Hospital Confinements	Nursing Home Confinements	Total
1950	2,412 (49.6%)	2,207 (45.3%)	250 (5.1%)	4,869
1951	2,258 (46.5%)	2,383 (49.1%)	210 (4.3%)	4,851
1952	2,085 (42.8%)	2,590 (53.1%)	198 (4.1%)	4,873
1953	2,073 (41.4%)	2,759 (55.0%)	183 (3.6%)	5,021
1954	1,950 (39.3%)	2,790 (56.2%)	226 (4.5%)	4,966
1955	1,849 (37.1%)	2,947 (59.0%)	195 (3.9%)	4,991
1956	1,816 (35.4%)	3,172 (61.7%)	149 (2.9%)	5,137
1957	1,821 (34.6%)	3,283 (62.3%)	163 (3.1%)	5,267
1958	1,628 (31.3%)	3,416 (65.8%)	150 (2.9%)	5,194

from which it is seen that since 1950 the number of hospital confinements shows continuous increases while both domiciliary and nursing home confinements show on the whole decreasing totals.

The total of domiciliary confinements for this year is a decrease of 193 on the figure for the previous year and 784 on the figure for the year 1950. Since 1950 a fall of 32.5 per cent. has occurred in this category of confinements.

The total of hospital confinements for the year is an increase of 133 on the figure recorded for the previous year and 1,209 on that for 1950. Since 1950 there has been an increase of 54.8 per cent. in this category of confinements.

Nursing home confinements are lower by 13 than the total recorded for the previous year and by 100 than that for 1950, the decrease in this category since 1950 being 40 per cent.

The Total Number of Confinements applicable to the County shows a decrease of 73 in comparison with the figure for the previous year but it is the second highest total recorded since the inception of the Committee's Maternity Schemes being in excess of the number which occurred in 1950 by 325 or 6.7 per cent.

The comparative figures of classified professional services rendered by general practitioners under the Maternity Medical Service since 1951, as contained in Table 22 and as averaged above, indicate that the overall trend of utilisation is downward. This downward trend is due largely to the rapid rate of decline in the number of domiciliary confinements over the period.

BOOKINGS :

Of the total of 3,853 women who received services under the Maternity Medical Scheme, 19 or 0.5 per cent. failed to book the services of doctors before labour commenced, in comparison with 42 or 1.1 per cent. in 1957. Of the number of women who had booked the services of doctors in the ante-natal period, i.e., 3,834, 231 or 6.0 per cent. did not engage the doctors until after the 28th week of pregnancy, a rate which compares unfavourably with that of 5.1 per cent. recorded for the previous year, although denoting an improved position when compared with the rate of 6.8 per cent. recorded in the year 1956.

ANTE-NATAL SUPERVISION :

The Tables show that of 1,628 women confined at home, 1,412 or 86.7 per cent. received ante-natal supervision, while of 3,416 confined in hospital 2,294 or 67.1 per cent. received ante-natal supervision under the Maternity Medical Service and 128 or 85.3 per cent. of a total of 150 confined in nursing homes received such supervision. Thus, in aggregate, of the total of 5,194 women confined during the year, 3,834 or 73.8 per cent. received ante-natal services under the Committee's Scheme. During 1957, 3,752 women received ante-natal services, representing 71.3 per cent. of the total of 5,267 women confined in that year.

Table 20 contains a summary of the cases in which ante-natal supervision was rendered by doctors classified according to categories of confinements and numerical grading of ante-natal examinations carried out. The following is a comparison of examination groupings for this and the previous six years from which it is seen that while the percentage figure in the lower group for this year is higher than that for the previous year it is however, lower than for any of the other previous years and indicates that the trend towards earlier booking of doctors is on the whole being maintained.

	5 Examinations and less	6 to 10 Examinations	11 Examinations and over
1952	26.1 %	64.4%	9.5 %
1953	26.4 %	64.4%	9.2 %
1954	23.0 %	66.9%	10.1 %
1955	22.6 %	65.1%	12.3 %
1956	23.1 %	63.3%	13.6 %
1957	19.6 %	65.9%	14.5 %
1958	21.5%	65.0%	13.5 %

AVERAGE ANTE-NATAL EXAMINATIONS PER CASE :

The overall average number of ante-natal examinations per booked case is 7.6, the relative averages for domiciliary confinements, hospital confinements conducted by doctors under the Maternity Medical Service, hospital confinements conducted by hospital staffs and nursing home confinements being 7.4, 8.1, 7.3 and 9.1 respectively. Table 22 contains the averages recorded according to types of confinements since 1951 from which it will be noted that the increase in the various figures up to 1957 has been maintained during this year.

CONFINEMENTS :

The total number of domiciliary confinements which occurred during the year shows a decrease of 193 on the figure for the previous year. Of the total of 1,628 domiciliary confinements, doctors attended 1,372 or 84.3 per cent. under the scheme in comparison with 1,492 (or 81.9 per cent.) out of a total of 1,821 in 1957.

The number of women confined in hospitals was 3,416 and in 845 cases, or 24.7 per cent., the confinements were conducted by doctors engaged under the Maternity Medical Service and in a further 121 cases, or 3.5 per cent., the patients were attended in labour at home by doctors under the service prior to admission to hospital. In the latter cases the women had originally intended to have their confinements at home but complications necessitated their transfer to hospital for delivery.

FINAL PELVIC EXAMINATIONS :

Table 19 shows that of the total of 5,194 women confined during the year 3,365 or 64.8 per cent. received final pelvic examinations under the Maternity Medical Service in comparison with 60.8 per cent. in the previous year.

The number of final pelvic examinations 1,339 made of women who were confined at home represents 82.2 per cent. of the total number of domiciliary confinements and 97.6 per cent. of those confinements applicable to the Maternity Medical Service.

The number of final pelvic examinations, 1,905, made of women who were confined in hospitals represents 55.8 per cent. of the total number of hospital confinements which occurred during the year. In relation to hospital confinements conducted by doctors under the Maternity Medical Service, 818 out of a total of 845 received final pelvic examinations or 96.9 per cent. ; whereas out of a total of 2,571 confinements conducted by hospital staffs the relative number of women who received final pelvic examinations under the Maternity Medical Service was 1,087 or 42.3 per cent. It is, however, important to note that in addition many of the women whose confinements are conducted in hospitals by hospital staff return to post-natal clinics in hospitals for final pelvic examination.

The number of women confined in nursing homes during the year was 150, and of these 121 or 80.7 per cent. received final pelvic examinations under the Maternity Medical Service.

TABLE 23—HEALTH VISITING

(1) Personnel

	Full-time	Part-time
(i) Number of Nurses employed as Health Visitors at 31st December, 1957	37	—
(ii) Number of these possessing H.V. Certificate or otherwise approved	37	—
(iii) Number of Nurses employed as Health Visitors at 31st December, 1958	39	—
(iv) Number of these possessing H.V. Certificate or otherwise approved	36	—

(2) Particulars of work done during the year

DOMICILIARY VISITS															
Div- ision	* No. of Health Visitors at 31.12/58	Children under 1 year of age		Children aged 1—5 years	Children aged 5—14 years	Expectant Mothers	To other Persons						In- effective	Other Various	Total
		First	Subse- quent				Mental Defectives	Infant Deaths	Still- births	Bad Homes Neglected Children and Boarded-out Children	Infectious Diseases	Cases of Illness			
		1	4	535	4,175	7,142	213	1,826	52	10	21	252	75	169	2,445	4,112	21,027
2	5	652	3,170	6,729	186	797	44	10	28	286	118	78	794	4,855	17,747
3	10	1,382	6,452	10,730	157	1,369	68	22	48	273	92	119	2,225	8,748	31,685
4	5	793	4,996	8,485	324	1,321	40	27	9	91	122	103	386	4,337	21,034
5	6	728	5,553	9,947	347	1,295	88	19	26	742	260	433	590	3,905	23,933
6	8	1,067	6,985	13,254	162	2,116	25	19	32	159	77	38	1,304	5,172	30,410
Totals	38	5,157	31,331	56,287	1,389	8,724	317	107	164	1,803	744	940	7,744	31,129	145,836

* The figures of Number of Health Visitors allocated according to Divisional Areas exclude one Health Visitor operating in Divisions 3 and 5 whose duties are devoted to Dietetics. Details of the work of the latter are contained in the following table.

HEALTH VISITING

In comparison with the returns for the previous year the figures under the various categories of domiciliary visits paid by Health Visitors show little change, the differences in almost all cases being more or less within the normal range of fluctuations that occur from year to year except in the case of visits classified under the heading of Children aged 5-14 years and Other Various, an appreciable decrease being recorded in the former and in the case of the latter, a very notable increase. Visits under the heading of " Other Various " have hitherto included those of a routine nature made in connection with Care and Aftercare, BCG. Vaccination, Smallpox Vaccination and Immunisation, whereas for the year under review they include visits paid in connection with a Special Survey of Families carried out under the Poliomyelitis Vaccination Scheme, to which reference is made in a later section of this report, the survey entailing a total of 29,743 domiciliary visits. The virtual suspension of the programme for the medical inspection of schools during part of the year enabled the Health Visitors to devote the time normally required in this field to that of the special survey and the attendant immunisation drive while such suspension inevitably resulted in a diminution in the sphere of domiciliary visiting ancillary to the medical inspection of schools.

TABLE 24—HEALTH VISITING—DIETETICS

Type of Cases	No. of New Cases	No. of Visits
Diabetic	26	814
Gastric	4	32
Reducing	4	54
Coeliac	1	50
Low Fat	—	—
High Calorie	—	10
Whole Protein	—	10
Nourishing	—	—
Light Diet	—	—
—	—	204 (Ancillary)
Totals	35	1,174

The foregoing table is a statement of the work carried out by the Health Visitor assigned to advise, (in Divisions 3 and 5), on the maintenance and preparation of diets following the discharge of patients from hospital. Ancillary Visits include Attendances at Hospital Extern Departments (103), Consultations with General Practitioners (34), Consultations with Home Nurses (43), Attendances at Care and Aftercare Committee Meetings (14) and Various Other Domiciliary Visits, re Domestic Helps, etc., (10).

TABLE 25—ANTE-NATAL AND POST-NATAL CLINICS

- (i) No. of Clinics at end of year provided by the Committee 9
- (ii) Attendances at Clinics :—

Name of Clinic			Ante-Natal			Post-Natal		
			First Attendances	Subsequent Attendances	Total Attendances	First Attendances	Subsequent Attendances	Total Attendances
Bangor	...	...	271	1,460	1,731	73	6	79
Kircubbin*	...	...	1	1	2	—	—	—
Portaferry	...	...	32	24	56	1	—	1
Cregagh	...	...	64	485	549	16	26	42
Holywood	...	...	1	—	1	—	—	—
Banbridge	...	...	59	315	374	40	8	48
Ardglass	...	...	11	16	27	3	—	3
Ballykinlar	...	...	2	—	2	—	—	—
Killough	...	...	11	29	40	1	—	1
Strangford	...	...	8	53	61	4	—	4
Totals	...	...	460	2,383	2,843	138	40	178

*The clinic at Kircubbin closed in June, 1958.

All of the ante-natal clinics in operation at the end of the year were staffed by General Practitioners. They are combined Ante-Natal and Post-Natal Clinics and with the exception of those at Bangor, Portaferry, Cregagh and Banbridge are held in conjunction with Child Health and Welfare Clinics.

Comparative figures of Attendances at Ante-Natal and Post-Natal Clinics during the three previous years are :—

	Ante-Natal			Post-Natal		
	First	Subsequent	Total	First	Subsequent	Total
1955	480	2,186	2,666	156	9	165
1956	504	2,258	2,762	148	7	155
1957	512	2,507	3,019	178	27	205

With regard to post-natal work at clinics, it has been found in actual practice that the doctors in charge of cases often prefer to carry out their examinations either in the patients' homes or at their own surgeries.

TABLE 26.—CHILD HEALTH AND WELFARE CLINICS

Division	No. of Clinics in operation at				No. of Sessions held (S—Static, M—Mobile)	Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attendances of Children of School Age	Grand Total No. of Attendances	Average Attendance per Session
	1/1 58		31/12/58			Total	Subs.	First	Subs.	Total				
	Static	Mobile	Static	Mobile										
1	6	—	7	—	S — 348	396	5,119	5,515	44	3,847	3,891	9,488	27.3	
2	14	—	14	—	S — 312	514	4,909	5,423	147	3,366	3,513	9,317	29.9	
3	14	^	15	—	S — 439	1,142	11,011	12,153	147	5,946	6,093	18,561	42.3	
					M — 1	—	1	1	—	—	—	1	1.0	
					Total 440	1,142	11,012	12,154	147	5,946	6,093	18,562	42.2	
4	7		7	^	S — 200	352	3,092	3,444	122	2,629	2,751	7,047	35.2	
					M — 92	148	600	748	79	969	1,048	2,413	26.2	
					Total 292	500	3,692	4,192	201	3,598	3,799	9,460	32.7	
5	12		12	1	S — 373	389	4,498	4,887	105	6,144	6,249	11,298	30.3	
					M — 42	15	270	285	3	260	263	561	13.4	
					Total 415	404	4,768	5,172	108	6,404	6,512	11,859	28.6	
6	8		9	^	S — 431	600	3,848	4,448	127	3,980	4,107	10,870	25.2	
					M — 82	104	593	697	58	908	966	2,087	25.5	
					Total 513	704	4,441	5,145	185	4,888	5,073	12,957	25.3	
County	61	1	64	1	S — 2,103	3,393	32,477	35,870	692	25,912	26,604	66,581	31.7	
					M — 217	267	1,464	1,731	140	2,137	2,277	5,062	23.3	
					Grand Total 2,320	3,660	33,941	37,601	832	28,049	28,881	71,643	30.9	

TABLE 27.—CHILD HEALTH AND WELFARE CLINICS—ATTENDANCES AT CLINICS
1951-1958 — COUNTY TOTALS

Year	No. of Clinics in oper- ation at end of year	No. of Sessions held	Attendances of Children under 1 year of age			Attendances of Children over 1 year and under 5 years			Attend- ances of Children of School Age	Grand Total No. of Atten- dances	Average Attend- ance per Session
			First	Subs.	Total	First	Subs.	Total			
1951	50	1,600	2,618	21,271	23,889	1,430	12,428	13,858	864	38,611	24.1
1952	56	1,804	2,867	25,310	28,177	1,773	15,182	16,955	1,262	46,394	25.7
1953	58	1,798	2,915	27,390	30,305	1,185	17,224	18,409	1,077	49,791	27.7
1954	60	1,913	3,002	30,166	33,168	1,052	19,301	20,353	971	54,492	28.5
1955	63	2,231	3,450	31,594	35,044	1,392	22,442	23,834	1,492	60,370	27.1
1956	62	2,296	3,396	33,989	37,385	674	23,712	24,386	1,340	63,111	27.5
1957	62	2,270	3,600	33,120	36,720	705	25,702	26,407	1,170	64,297	28.3
1958	65	2,320	3,660	33,941	37,601	832	28,049	28,881	5,161	71,643	30.9

TABLE 28—CHILD HEALTH AND WELFARE CLINICS—FIRST ATTENDANCES OF CHILDREN UNDER 1 YEAR EXPRESSED AS PERCENTAGES OF LIVE BIRTHS NOTIFIED, ACCORDING TO DIVISIONAL AREAS—YEARS 1951 TO 1958.

Div- ision	1951			1952			1953			1954			1955			1956			1957			1958		
	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%	No. of First Atten- dances	No. of Live Births	%
1	369	505	73.1	347	508	68.3	380	483	78.7	421	515	81.7	372	476	78.1	379	515	73.6	381	501	76.0	396	516	76.7
2	358	672	53.3	366	690	53.0	387	650	59.5	485	640	75.0	533	664	80.3	504	674	74.8	545	693	78.6	514	645	79.7
3	642	1,053	61.0	821	1,130	72.7	892	1,204	74.1	895	1,274	70.3	886	1,185	74.8	976	1,300	75.1	1,034	1,337	77.3	1,142	1,380	82.8
4	381	716	53.2	413	754	54.8	295	743	39.7	270	713	37.9	461	781	59.0	443	764	58.0	465	780	59.6	500	795	62.9
5	402	767	52.4	429	696	61.6	412	770	53.5	366	699	52.4	447	713	62.7	441	744	59.3	443	758	58.4	404	749	53.9
6	466	1,075	43.4	491	1,016	48.3	549	1,092	50.3	565	1,053	53.7	751	1,088	69.0	653	1,074	60.8	732	1,091	67.1	704	1,062	66.3
TOTAL	2,618	4,788	54.7	2,867	4,794	59.8	2,915	4,942	59.0	3,002	4,894	61.3	3,450	4,907	70.3	3,396	5,071	67.0	3,600	5,160	69.8	3,660	5,147	71.1

CHILD HEALTH AND WELFARE CLINICS

New static clinics were opened at the following places during the year :—

DIVISION 1—Helen's Bay on 9th January.

DIVISION 3—Carryduff on 11th March.

DIVISION 6—Ballyveamore on 25th September.

and the establishment of clinics in operation at the end of the year with these additions was 64 static clinics (locations as shown on page 76) and 1 mobile clinic. The opening of new static clinics at Carryduff and Ballyveamore, areas which had previously been served by the mobile clinic, enabled the itinerary of the mobile unit to be re-arranged to include some less thickly populated areas where the provision of static clinics is not possible.

In comparison with a total of 2,270 clinic sessions held during 1957 comprising 2,036 static and 234 mobile sessions, 2,320 clinic sessions were held during the year under review comprising 2,103 static and 217 mobile sessions, the reduction in the number of mobile sessions as between the two years being due to the withdrawal of the mobile unit from service for a short period for overhaul and maintenance during 1958, and also to the weather conditions experienced in the early part of the year when road conditions did not permit its use.

The Total Number of Attendances at Child Health and Welfare Clinics, 71,643, shows an increase of 7,346 or 11.4 per cent. on the figure of 64,297 recorded for the previous year. As will be noted from Table 27 the grand totals of attendances at clinics have shown almost continuous increases since 1951, but the increase this year is more marked than previously, and was due largely to the intensive campaign for immunisation against poliomyelitis, facilities for immunisation against this disease being provided where considered necessary at child health and welfare clinic sessions as an addition to the special immunisation clinics arranged solely for that purpose.

The overall Average Attendance per Clinic Session for the year is 30.9, the average for static clinics being 31.7, that for mobile clinics being 23.3. The overall Average Attendance per Clinic Session for the previous year was 28.3, the average for static clinics being 29.9 and that for mobile clinics 14.6.

The Total Number of Attendances at Mobile Clinics, 5,062, represents 7.1 per cent. of the Total Number of Attendances at all types of clinics in comparison with 5.3 per cent. during the previous year.

Table 28 is a comparison of the number of First Attendances of Children under 1 Year in each Divisional Area during the past eight years in comparison with the Number of Live Births Registered. The percentage rate of First Attendances of Children under 1 Year for the whole of the County during the year is 71.1 per cent., which is an increase of 1.3 per cent. on the figure of 69.8 per cent. recorded for the previous year.

TABLE 29.—SPECIAL TREATMENT CENTRES

(a) Ophthalmic Clinics :—

	Div. 1 Bangor	Division 2		Div. 3 Cregagh	Div. 4 Ban- bridge	Div. 5 Down- patrick	Div. 6 Newry	Total
		Newtown- ards	Porta- ferry					
No. of appointments for examination by Eye Specialist arranged	377	450	192	571	926	509	1,081	4,106
No. of appointments kept	255	369	162	385	723	374	783	3,051
No. of sessions held	28	31	13	20	110	19	86	307

The figures in the above Table indicate a much improved position when compared with those for the previous year in which a total of 203 sessions were held, 2,967 appointments were arranged and there were 2,351 attendances for examination. At the end of the year the frequency of sessions at the ophthalmic clinics was :—

8 sessions per month at Newry Clinic,

4 sessions per month at Bangor, Newtownards and Banbridge Clinics,

2 sessions per month at Cregagh and Downpatrick Clinics,

while in the case of the Portaferry clinic sessions were arranged as required according to the numbers on the waiting list.

(b) Physiotherapy Clinics :—

See page 66.

(c) Speech Therapy Clinics :—

See page 65.

TABLE 30.—NURSERY SCHOOLS

Name of School	No. of Approved Places		No. of Children on the Register at the end of the year		Average Daily Attendance	
	0—2 years	2—5 years	0—2 years	2—5 years	0—2 years	2—5 years
Bangor	—	29	—	29	—	24.2
Newtownards	—	28	—	26	—	22.0
Holywood	—	28	—	28	—	22.0

With the exception of Holywood the above-mentioned Nursery Schools are under the control of the Down County Education Committee. Local Health Visitors generally visit daily to carry out cleanliness inspections and treat minor ailments, while the children undergo periodic routine medical inspection. The schools operate under the most modern type of supervision and the fact that there is no evidence of uncleanness amongst the children is an indication of the efficiency of the supervisory care and the general health record of each is very satisfactory.

TABLE 31.—REGISTERED FOSTER MOTHERS

The Health Committee has no statutory function in relation to the supervision of foster mothers, such work being within the statutory powers of the County Welfare Committee, but children who are boarded out or nursed for reward are visited or examined as a matter of routine under the County Child Health and School Health Services, and liaison is maintained between the officials of both Committees. Reports on the home conditions of prospective foster mothers are furnished to the Divisional Welfare Officers by Divisional Medical Officers of Health on request.

TABLE 32.—ILLEGITIMATE CHILDREN

The number of illegitimate births (live) registered during the year was 104 in comparison with a total of 92 registered in the previous year.

As routine supervision might tend to cause embarrassment to the unmarried mother, work of this nature in many cases remains with Medical Practitioners at their request. Where statutory functions are involved, Medical Practitioners are found to be very willing to co-operate with the Committee's Officers.

Under the Legitimacy Act (N.I.) 1928, an illegitimate child whose parents have married becomes legitimate and the Registrar-General is empowered to authorise the re-registration of the birth. Such re-registrations affecting children living within the County are formally advised to the Committee by the Registrar-General.

TABLE 33.—MATERNAL DEATHS—NUMBER OF WOMEN KNOWN TO HAVE DIED IN OR IN CONSEQUENCE OF CHILDBIRTH

	Place of Death	Division						Total
		1	2	3	4	5	6	
From Sepsis	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	—	—	—	—	—
	Nursing Home	—	—	—	—	—	—	—
From Other Causes	Domiciliary	—	—	—	—	—	—	—
	Hospital	—	—	—	1	—	2	3
	Nursing Home	—	—	—	—	—	—	—
Total		—	—	—	1	—	2	3

CARE OF PREMATURE BABIES

TABLE 34.—NUMBER OF PREMATURE BIRTHS NOTIFIED

Place of Birth		Live	Still	Total
Domiciliary	.....	65	12	77
Hospital	.....	277	64	341
Nursing Home	.....	4	—	4
Totals	.....	346	76	422

TABLE 35.—PROGRESS SURVEY OF LIVE PREMATURE BABIES—SURVEY BASED ON PERIOD OF 28 DAYS FOLLOWING BIRTH

Division	Total No. of Live Premature Babies Born	Sex		Place of Birth			No. Alive at end of 28 days	No. who died within 28 days	Place of Death			Classified Age Groups at Death				
		Male	Female	Domiciliary	Hospital	Nursing Home			Domiciliary	Hospital	Nursing Home	Under 24 hours	1—7 days	8—14 days	15—21 days	22—28 days
1	36	18	18	5	31	—	31	5	—	5	—	4	1	—	—	—
2	42	18	24	6	36	—	37	5	—	5	—	1	3	1	—	—
3	87	44	43	11	75	1	80	7	—	7	—	3	2	1	—	1
4	54	25	29	11	43	—	44	10	—	10	—	7	3	—	—	—
5	65	20	45	24	40	1	55	10	—	10	—	4	3	1	—	2
6	62	29	33	8	52	2	53	9	—	9	—	7	1	—	—	1
Totals	346	154	192	65	277	4	300	46	—	46	—	26	13	3	—	4

TABLE 36.—NUMBER OF PREMATURE LIVE BABIES ACCORDING TO CLASSIFIED WEIGHT GROUPS AND PLACE OF BIRTH WITH RELATED DEATHS (NEO-NATAL DEATHS ONLY)

Classified Weight Groups	Place of Birth	No. of Premature Live Babies Born						No. of Related Deaths of Premature Babies						
		Total	Division					Total	Division					
			1	2	3	4	5		6	1	2	3	4	5	6
A. 2 lbs. 3 ozs or less	Domiciliary Hospital Nursing Home	2 19 —	— 4 —	— 1 —	1 4 —	— 7 —	1 2 —	— 1 —	— 4 —	— 1 —	1 3 —	— 5 —	1 1 —	— 1 —
	Total	21	4	1	5	7	3	1	4	1	4	5	2	1
	Domiciliary Hospital Nursing Home	4 20 —	— — —	— 2 —	— 1 —	2 6 —	2 5 —	— 6 —	— — —	— 1 —	— — —	— — —	1 2 —	— 4 —
B. Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	Total	24	—	2	1	8	7	6	—	1	—	1	2	4
	Domiciliary Hospital Nursing Home	11 61 —	1 5 —	2 9 —	— 22 —	3 9 —	3 8 —	2 8 —	— — —	1 2 —	— — —	2 1 —	2 2 —	— 3 —
	Total	72	6	11	22	12	11	10	—	3	—	3	4	3
C. Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	Domiciliary Hospital Nursing Home	7 52 —	— 6 —	1 6 —	3 16 —	— 7 —	2 8 —	— 10 —	— — —	— — —	— 1 —	— — —	— — —	— — —
	Total	59	6	7	19	7	10	10	—	1	—	—	—	—
	Domiciliary Hospital Nursing Home	42 124 4	4 16 —	3 18 —	7 32 1	6 14 —	16 17 1	6 27 2	— 1 —	— — —	1 1 —	— 1 —	— 2 —	— 1 —
D. Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	Total	170	20	21	40	20	34	35	7	1	2	1	2	1
	Domiciliary Hospital Nursing Home	65 277 4	5 31 —	6 36 —	11 75 1	11 43 —	24 40 1	8 52 2	— 5 —	1 4 —	2 5 —	3 7 —	3 7 —	— 9 —
	Total	346	36	42	87	54	65	62	46	5	7	10	10	9
E. Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	Domiciliary Hospital Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total	—	—	—	—	—	—	—	—	—	—	—	—	—
	Domiciliary Hospital Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—
All Groups	Domiciliary Hospital Nursing Home	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 37—DETAILS OF PREMATURE LIVE BABIES BORN AT HOME

Division	Weight Group	No. of Premature Live Domiciliary Births	Transferred to Hospital			Nursed entirely at Home				
			Survived	Died	Total	No. who died within			Survived	Total
						24 hours	2—7 days	8—28 days		
1	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	1	—	—	—	—	—	—	1	1
	D	—	—	—	—	—	—	—	—	—
	E	4	2	—	2	—	—	—	2	2
	Total	5	2	—	2	—	—	—	3	3
2	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	2	1	1	2	—	—	—	—	—
	D	1	1	—	1	—	—	—	—	—
	E	3	1	—	1	—	—	—	2	2
	Total	6	3	1	4	—	—	—	2	2
3	A	1	—	1	1	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	—	—	—	—	—	—	—	—	—
	D	3	2	—	2	—	—	—	1	1
	E	7	1	1	2	—	—	—	5	5
	Total	11	3	2	5	—	—	—	6	6
4	A	—	—	—	—	—	—	—	—	—
	B	2	1	1	2	—	—	—	—	—
	C	3	1	2	3	—	—	—	—	—
	D	—	—	—	—	—	—	—	—	—
	E	6	1	—	1	—	—	—	5	5
	Total	11	3	3	6	—	—	—	5	5
5	A	1	—	1	1	—	—	—	—	—
	B	2	2	—	2	—	—	—	—	—
	C	3	1	2	3	—	—	—	—	—
	D	2	2	—	2	—	—	—	—	—
	E	16	4	—	4	—	—	—	12	12
	Total	24	9	3	12	—	—	—	12	12
6	A	—	—	—	—	—	—	—	—	—
	B	—	—	—	—	—	—	—	—	—
	C	2	1	—	1	—	—	—	1	1
	D	—	—	—	—	—	—	—	—	—
	E	6	—	—	—	—	—	—	6	6
	Total	8	1	—	1	—	—	—	7	7
County	A	2	—	2	2	—	—	—	—	—
	B	4	3	1	4	—	—	—	—	—
	C	11	4	5	9	—	—	—	2	2
	D	6	5	—	5	—	—	—	1	1
	E	42	9	1	10	—	—	—	32	32
	Total	65	21	9	30	—	—	—	35	35

TABLE 38.—PREMATURE LIVE BABIES—COMPARATIVE INCIDENCE AND MORTALITY RATES, 1951-1958

	1951	1952	1953	1954	1955	1956	1957	1958
Total No. of Live Births Notified	4,788	4,794	4,942	4,894	4,907	5,071	5,160	5,147
No. of Premature Live Births	264	279	301	301	342	317	325	346
Prematurity Incidence Rate	5.5	5.8	6.1	6.2	7.0	6.2	6.3	6.7
Mortality Rate per 100 Live Premature Births	26.9	18.6	13.0	19.6	14.3	19.9	14.5	13.3

**TABLE 39—COMPARATIVE DETAILS OF PREMATURE LIVE BABIES BORN AT HOME,
1951—1958**

		1951	1952	1953	1954	1955	1956	1957	1958
No. of Premature Babies born at home		79	69	64	73	61	49	62	65
Transferred to Hospital	Survived ..	15	19	21	14	18	15	22	21
	Died	9	6	8	8	4	5	4	9
	Total	24	25	29	22	22	20	26	30
Nursed entirely at home	Survived	44	38	33	48	34	25	31	35
	Died	11	6	2	3	5	4	5	—
	Total	55	44	35	51	39	29	36	35
Mortality Rate per 100 Live Premature Domi- ciliary Births		28.2	17.4	15.6	15.1	14.7	18.4	14.5	13.8

CARE OF PREMATURE BABIES

The number of premature live births notified during the year was 346, giving an incidence rate of 6.7 per 100 live births notified, a rate in excess of that of 6.3 for 1957. Table 38 shows the incidence of prematurity in each year since 1951, from which it will be noted that the general trend of incidence over this eight year period has been upward.

The decline in the incidence of premature still births noted in my previous Annual Reports continued during the year under review, a total of 76 such births being notified in comparison with 95, 83 and 81 for 1955, 1956 and 1957 respectively.

Table 36 contains details of the premature live births classified according to prescribed Weight Groups and comparison of the figures with the returns for the previous years shows that the preponderance in the upper groups is as usual, the distribution being :—

Group A—2 lbs. 3 ozs. or less	... 21 or 6.0 per cent.
Group B—Over 2 lbs. 3 ozs. up to 3 lbs. 4 ozs.	... 24 or 7.0 per cent.
Group C—Over 3 lbs. 4 ozs. up to 4 lbs. 6 ozs.	... 72 or 20.8 per cent.
Group D—Over 4 lbs. 6 ozs. up to 4 lbs. 15 ozs.	... 59 or 17.1 per cent.
Group E—Over 4 lbs. 15 ozs. up to 5 lbs. 8 ozs.	... 170 or 49.1 per cent.

Mortality in Relation to Prematurity :

Of the total of 346 premature live babies born during the year, 46 died at ages of less than one month giving a related neo-natal mortality rate of 13.3 per 100 live premature births in comparison with rates of 13.0, 19.6, 14.3, 19.9 and 14.5 for the years 1953, 1954, 1955, 1956 and 1957 respectively. The rate for the year under review is a reduction of 46.1 per cent. on the rate of 24.7 recorded for the year 1949, the latter being the first complete year following the inception of the Committee's Maternity and Child Welfare Schemes for which statistics are available. Distribution of the deaths according to Weight Groups is :—

Group A—17 deaths (Group Mortality Rate 81.0)
Group B— 8 deaths („ „ „ 33.3)
Group C—13 deaths („ „ „ 18.1)
Group D— 1 death („ „ „ 1.7)
Group E— 7 deaths („ „ „ 4.1)

While the comparatively high mortality rates naturally associated with the lower Weight Groups are again apparent the general overall trend of the mortality rate continues to decrease.

Care of Premature Babies born at Home :

The care of the premature baby born at home continues to be a special feature of the Committee's Domiciliary Midwifery and Nursing Services, involving the provision of suitable appliances and equipment to secure safe nursing at home and where necessary safe admission to premature baby units in hospitals.

Table 39 contains comparative figures of premature babies born at home since 1951, the significant features of which are :—

- (i) the increase in the proportionate numbers transferred to hospital and the generally improved relative survival rate.
- (ii) the decrease in the number of deaths in the groups nursed entirely at home—this is the first year in which no deaths of premature babies have occurred at home.
- (iii) the reduction in the related mortality rate from 28.2 in 1951 to 13.8 in 1958.

TABLE 40—INFECTIOUS DISEASES.

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia and Sepsis	
	Domi-ciliary Confinements	Institu-tional Confinements	Domi-ciliary Confinements	Institu-tional Confinements	Domi-ciliary Confinements	Institu-tional Confinements
Number of cases notified during the year	—	—	—	1	2	1
Number of cases visited by officers of the Committee	—	—	—	1	2	—
Number of cases for whom Home Nursing was provided	—	—	—	1	1	—
Number of cases removed to Hospital	—	—	—	—	1	—

PEMPHIGUS NEONATORUM :

The case reported occurred in the Newtownards Borough Area and related to a baby born in hospital who developed the infection subsequent to discharge from the hospital. The baby, who made a good recovery, was nursed at home under the care of a domiciliary midwife.

PUERPERAL PYREXIA AND SEPSIS :

The first case reported occurred in Castlereagh Rural Area and related to a woman who was confined in hospital. She made a quick recovery and was able to be discharged from hospital to the care of a domiciliary midwife on the 10th day of the puerperium.

The second case notified also occurred in Castlereagh Rural Area and related to a woman who was confined at home and who developed a temperature on the 13th day of the puerperium. She was admitted to hospital where she made a good recovery.

The third case notified occurred in Moira Rural District and related to a woman booked for hospital confinement who came into premature labour and was delivered of a still-born baby at home. She developed fever conditions and on the 3rd day of the puerperium was admitted to hospital where she made a slow but satisfactory recovery having also undergone an Appendicectomy in the hospital.

TABLE 41.—MATERNITY HOMES AND MATERNITY HOSPITALS

	Hospitals	Private Nursing Homes	Other Institutions
Number of Institutions	7	3	—
Number of Beds (exclusive of isolation and labour beds) at 31st December, 1958	82	10	—
Number of cots for babies	86	10	—
Total Number of women admitted to these beds during the year	1,987	68	—
Total Number of women admitted from the Committee's area	1,853	47	—

TABLE 42.—RESIDENTIAL NURSERIES AND CHILDREN'S HOMES

Division	Name and Address of Nursery or Home	Whether Long-stay or Short-stay	Number for whom accommodation provided		
			Aged 0—2 years	Aged 2—5 years	Others
1	Childhaven, Millisle	Long-stay	—	—	30
	Cripples' Home, Bangor	Long-stay	2		30
2	De la Salle Home, Rubane House, Kircubbin	Long-stay	—	—	66
3	Marmion Home, Holywood	Reception	—	30	
6	Our Mother of Mercy Home, Kilmorey Street, Newry	Long-stay	27		

MARMION CHILDREN'S HOME :

This home is provided and administered by the Down County Welfare Committee. The Divisional Medical Officer of Health, Division 3, has been appointed (under S.R. & O. 1952, No. 130, Article 8) as the Medical Officer to the home, save for the purpose of attendance on children in sickness, and he medically examines all children who are admitted or discharged. Routine visits are made to the home by the local Health Visitor under the County Health Scheme, thus providing follow-up of children who are not of school age. Children resident in the home and who are of school age attend local schools and are medically and dentally examined at Routine Inspections under the County School Health Services. The number of children in residence varies considerably and although the home has been classified as a Reception Centre, in practice it is found that while some children may be resident for short periods, others may remain for considerably long periods.

VOLUNTARY HOMES :

With the exception of Marmion Children's Home, the homes detailed in the foregoing Table are provided by Voluntary Societies and are registered under Section 99 of the Children's and Young Persons' Act (Northern Ireland), 1950. The Cripples' Home, Bangor, is recognised as a Special School and the De La Salle Home, Kircubbin, as a Primary School. The latter institution is scheduled for medical and dental inspections under the School Health Services.

All of the Voluntary Homes in the Table are classified as Long-stay, but they also accept children for short periods when necessary.

IMMUNISATION AGAINST DIPHTHERIA

TABLE 43.—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1yr. 1958	1 1957	2 1956	3 1955	4 1954	5—9 1953— 1949	10—14 1948— 1944	Age at 31st Dec., 1958 Born in Year
1	273	49	161	39	4	1	18	1	Number of Immunisations completed, (full course) during 1958
2	375	36	247	66	13	6	7	—	
3	743	86	416	113	80	23	25	—	
4	535	168	244	50	16	8	46	3	
5	367	41	203	67	11	8	34	3	
6	525	45	365	78	18	6	12	1	
Total	2,818	425	1,636	413	142	52	142	8	
1	106	—	—	—	—	13	55	38	Number of Maintenance Injections given during 1958
2	86	—	—	—	1	5	70	10	
3	166	—	—	—	3	8	97	58	
4	357	—	2	1	1	10	249	94	
5	95	—	—	—	—	1	89	5	
6	29	—	—	1	2	1	22	3	
Total	839	—	2	2	7	38	582	208	
County	41,266	425	2,214	2,843	3,188	3,015	15,919	13,662	Number of children who had completed a full course of immunisation from 1st Jan- uary, 1948, to 31st Decem- ber, 1958

TABLE 44.—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised at clinics	98	160	271	164	194	180	1,067
Number of school children immunised at schools or clinics	19	3	11	41	36	7	117
Number of children given re-inforcement injections	97	80	108	344	93	17	739

TABLE 45.—DIPHTHERIA IMMUNISATION RETURNS FOR THE COUNTY FROM 1/1/48
TO 31/12/58, BY AGE GROUPS WITH RELATIVE PERCENTAGE OF IMMUNISATION

Age at 31st December of each year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	Totals by Age Groups and % Immunisation by Age Groups
Under 1 year	112	249	113	330	391	292	651	878	684	578	425	A. Total under 5 years at end of 1958=11,685, or 48 per cent. of this age group.
1 year	669	1,080	606	1,081	1,256	1,061	1,408	1,484	1,714	1,746	1,636	
2 years	336	563	425	670	567	559	674	974	705	454	413	
3 "	146	321	229	261	358	250	218	504	282	123	142	
4 "	178	225	249	247	267	243	213	294	196	77	52	
5 "	415	411	411	535	563	419	423	387	287	157	39	B. Total 5 years and under 10 years at end of 1958=15,919, or 67 per cent. of this age group.
6 "	335	443	406	676	511	430	417	446	410	266	26	
7 "	112	329	335	559	372	248	282	541	268	177	36	
8 "	151	265	299	461	260	178	139	114	126	90	24	
9 "	203	196	202	327	138	109	90	69	90	63	17	
10 "	393	263	243	262	140	93	62	47	64	32	4	C. Total 10 years and under 15 years at end of 1958=13,662, or 57 per cent. of this age group.
11 "	307	143	172	186	115	81	52	42	32	23	3	
12 "	66	114	191	176	93	46	31	24	16	7	—	
13 "	24	72	138	103	68	31	17	6	18	2	1	
14 "	19	17	33	52	40	10	12	1	4	1	—	

IMMUNISATION AGAINST DIPHTHERIA

The general administrative arrangements for the promotion of the Scheme for Immunisation against Diphtheria continued to function unchanged during the year, parents of all children being urged to have their children protected.

Table 43 shows that 2,818 children were given a complete course of immunisation against Diphtheria, a decrease of 978 on the number who received primary courses during the previous year, while 839 children received re-inforcement injections, representing a decrease of 1,941 on the figure of 2,780 recorded for the previous year. In my Annual Report for 1957 when commenting on the low returns for that year I pointed out that these were due partly to an outbreak of Poliomyelitis and to the introduction of a Scheme for Immunisation against Poliomyelitis. I anticipated then that the further extension of this Scheme to include all children would result in a greater fall in the numbers coming forward for immunisation against Diphtheria during 1958, and unfortunately this has proved to be an accurate forecast. From the following recorded totals of primary courses given during the past eleven years it will be noted that the total for the year under review is much below that recorded for any year since 1948 :—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
3,486	4,723	4,080	5,986	5,139	4,050	4,689	5,811	4,896	3,796	2,818

This reduction in the level of the proportion of the child population immunised against Diphtheria is to be regretted, and every effort must be made to overcome it.

The following are comparative figures of primary immunisation of pre-school children during the past eleven years :—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
1,441	2,468	1,622	2,589	2,839	2,405	3,164	4,134	3,581	2,978	2,668

Up to 1956 the annual returns for this group had shown an almost continuous increase but the totals for this and the previous year show some reversal of this favourable trend. Nevertheless the returns for the pre-school group are substantially higher than those for any year between 1948 and 1953, with the exception of 1952 in which year a total of 2,839 pre-school children received primary courses. Having regard to the unusual prevailing circumstances the number of primary courses in the group reflects a considerable measure of success in the policy of endeavouring to secure immunisation of children against Diphtheria at an early age, the total of 2,668 applicable to the group representing 94.7 per cent. of the overall number of primary courses given during the year.

In my previous Annual Reports it was pointed out that, owing to circumstances beyond my control, it was impossible to give an accurate related comparison of the number of children in the county who had been immunised over a period of years with the actual child population, and similarly the figures in Table 45 cover only the period 1st January, 1948 to 31st December, 1958, this being the period during which the promotion of a Diphtheria Immunisation Scheme has been directly a function of the Committee. The percentage stated in the upper age group, C, is not a true figure of the degree of immunisation in this group, there being of course many children in it who were immunised before the inception of the Committee's Scheme, while the figures in all groups do not contain the relative immunisations completed privately by general practitioners in respect of which records were not returned. In comparison with the previous year the percentage in relation to group A, i.e., the pre-school group, shows a decrease of 2 per cent. ; group B also shows a decrease of 2 per cent., while group C shows an increase of 3 per cent. Groups B and C largely comprise the school population of the County and the total immunised in both groups represents 63 per cent. of that population.

Since 1st January, 1948, a total of 49,474 primary courses have been completed under the scheme, giving an annual average figure of 4,498 primary courses completed in comparison with an annual average figure of 4,908 live births in the County, the respective annual averages at the end of the previous year being 4,666 primary courses and 4,885 live births.

Although this is the seventh successive year in which no case of Diphtheria has occurred in the County it should be realised that any falling-off in the proportion of the child population immunised against the disease must increase the chance of its re-appearance in the community with tragic consequences.

IMMUNISATION AGAINST WHOOPING COUGH

TABLE 46—IMMUNISATIONS COMPLETED DURING THE YEAR

Division	Total	Under 1 year 1958	1 1957	2 1956	3 1955	4 1954	5—9 1953— 1949	10—14 1948— 1944	Age at 31st Dec., 1958 i.e., born in year
1	238	46	153	35	4	—	—	—	Number of Immunisations completed (full course) during 1958
2	368	36	246	66	11	5	4	—	
3	717	85	406	112	76	18	20	—	
4	497	168	242	50	16	8	13	—	
5	337	41	198	65	9	4	19	1	
6	515	45	364	77	18	6	4	1	
Total	2,672	421	1,609	405	134	41	60	2	
1	7	—	—	—	—	—	5	2	Number of Maintenance Injections given during 1958
2	12	—	—	—	1	1	10	—	
3	42	—	—	—	3	8	29	2	
4	31	—	—	2	1	7	21	—	
5	1	—	—	—	—	—	1	—	
6	13	—	—	1	2	1	9	—	
Total	106	—	—	3	7	17	75	4	

TABLE 47—IMMUNISATIONS DONE BY MEDICAL OFFICERS OF HEALTH

Division	1	2	3	4	5	6	Total
Number of children 0—5 years immunised	92	159	198	56	191	180	876
Number of children 5—14 years immunised	—	1	4	3	20	—	28
Number of children given re-inforcement injections	—	6	—	19	—	2	27

IMMUNISATION AGAINST WHOOPING COUGH

The general administrative arrangements for the promotion of the County Scheme for Immunisation against Whooping Cough continued to function unaltered during the year.

Table 46 shows that 2,672 children were given a complete course of immunisation against Whooping Cough representing a decrease of 285 on the total of 2,957 who received primary courses during 1957. In my previous Annual Reports I referred to the encouraging results achieved in the initial stages of the scheme from both statistical and clinical viewpoints and, while it is disappointing to report a downward trend in the amount of work completed under the scheme during this and the previous year, it is confidently expected that the recession will only be of a temporary nature as the protective values of immunisation against whooping cough have again been apparent and in themselves constitute a recommendation of the scheme to the general public.

The following are details of the number of primary courses completed since the inception of the scheme, which until 1954 was restricted as a pilot scheme to Division 4 :—

1952	1953	1954	1955	1956	1957	1958
187	488	1,991	3,860	3,640	2,957	2,672

From Table 46 it will be seen that of the total of 2,672 who received primary courses during the year, the great majority related to the lower age groups, 421 or 15.8 per cent. being under 1 year, 1,609 or 60.2 per cent. 1 year of age, 405 or 15.1 per cent. 2 years of age and 134 or 5.0 per cent. 3 years of age, these four age groups together accounting for 96.1 per cent. of the total. 904 or 33.8 per cent. of the total primary courses were completed by Divisional Medical Officers of Health at Child Health and Welfare Clinics and Schools, and 1,768 or 66.2 per cent. by General Practitioners, the respective figures for the previous year being 1,255 or 41.4 per cent. by Divisional Medical Officers of Health and 1,732 or 58.6 per cent. by General Practitioners.

Of the total of 2,672 children immunised 2,394 or 89.6 per cent. received combined protection against Diphtheria and Whooping Cough, and the remainder, 278 or 10.4 per cent., combined protection against Diphtheria, Whooping Cough and Tetanus. No primary courses of injections against Whooping Cough only were given during the year, the returns indicating a very distinct preference on the part of parents to have their children protected against more than one disease through a single series of inoculations rather than by separate prophylactic procedures against individual diseases.

The following figures show the incidence of Whooping Cough over the past nine years, according to notifications received under the Infectious Diseases Acts, with related deaths from the disease :—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of Cases	675	462	426	631	479	298	758	798	61	235
No. of Deaths	3	5	4	2	1	2	3	2	—	—

Notifications cannot be considered as a fully reliable index of the incidence of Whooping Cough but nevertheless they do suggest the general trend of prevalence, a trend which is most encouraging as is also the absence of deaths from the disease during the past two years.

TABLE 48.—IMMUNISATION AGAINST POLIOMYELITIS — NUMBER OF PERSONS IMMUNISED AS AT 31st DECEMBER, 1958 ACCORDING TO APPROVED GROUPS AND STAGES OF IMMUNISATION

Division	* Stage	Children up to 15 years						Other Approved Groups				Grand Total			
		Year of Birth						Total	Aged 6 to 15 Years	Persons aged 16 to 25 years	Expectant Mothers		General Practition- ers, Nurses, etc.	Total	
		1958	1957	1956	1955	1954	1953								
1	1	15	8	8	6	9	2	36	84	1	1	1	—	2	86
	2	127	391	303	325	365	382	3,691	5,584	5	27	4	—	36	5,620
	3	—	26	154	113	74	45	329	741	9	—	—	—	9	750
2	1	24	8	5	4	7	5	18	71	—	10	—	—	10	81
	2	140	566	399	404	407	437	4,835	7,188	16	10	10	—	36	7,224
	3	—	50	190	139	155	156	1,391	2,081	—	—	—	—	—	2,081
3	1	26	38	5	4	—	2	39	114	16	18	5	—	39	153
	2	137	836	706	635	700	665	7,484	11,163	47	186	190	—	423	11,586
	3	—	189	420	361	340	362	2,048	3,720	8	9	14	—	31	3,751
4	1	12	6	4	5	3	4	30	64	—	—	—	—	—	64
	2	86	491	398	428	409	458	4,787	7,057	—	25	165	—	190	7,247
	3	3	64	185	140	114	110	746	1,362	—	—	—	—	—	1,362
5	1	18	24	22	24	16	12	110	226	—	13	6	—	19	245
	2	88	567	575	544	491	531	5,288	8,084	212	86	55	—	353	8,437
	3	—	37	61	55	62	113	853	1,181	2	—	—	—	2	1,183
6	1	9	4	6	3	2	1	9	34	4	6	—	—	10	44
	2	149	881	752	718	756	844	7,882	11,982	79	153	152	—	384	12,366
	3	15	84	204	191	171	152	752	1,569	7	—	—	—	7	1,576
County	1	104	88	50	46	37	26	242	593	21	48	11	—	80	673
	2	727	3,732	3,133	3,054	3,128	3,317	33,967	51,058	359	487	576	—	1,422	52,480
	3	18	450	1,214	999	916	938	6,119	10,654	26	9	14	—	49	10,703
Grand Total		849	4,270	4,397	4,099	4,081	4,281	40,328	62,305	406	544	601	—	1,551	63,856

* Stage 1—First Injection only, Stage 2—Two Injections only, Stage 3—Three Injections.

IMMUNISATION AGAINST POLIOMYELITIS

In my Annual Report for 1957 I referred to the introduction of a scheme of immunisation against poliomyelitis which commenced in March of that year. In its first stage the scheme was confined to children born after the 30th June, 1955 but in August 1957 it was extended to include children born on or after the 1st January, 1947, while in November, 1957 it was further extended to provide for the immunisation of all children under 15 years of age, expectant mothers and certain special contact groups such as general practitioners, nurses, etc. Up to the end of 1957 the actual work of immunisation had been confined to children born in the year 1947 and after, these constituting the main priority group, but a comprehensive scheme had by the end of the year been drawn up and approved with a view to securing the greatest possible level of immunisation in all of the approved groups. This comprehensive scheme which came into full operation at the commencement of 1958 involved :—

- (1) advertising in every possible way the facilities available for immunisation ;
- (2) a temporary alteration of the duties of certain of the Medical Officers to enable them to devote increased time to immunising against Poliomyelitis ;
- (3) the employment of additional doctors on a sessional basis to supplement the work of the Committee's Medical Officers, and
- (4) the integration into the scheme of every general practitioner who could co-operate.

Many of the general practitioners showed willing co-operation by offering immunisation at their surgeries, while facilities for immunisation were provided at most of the routine sessions of the Committee's Child Health and Welfare Clinics, and in addition special immunisation sessions were arranged at clinics and schools and conducted by both general practitioners, working on a sessional basis, and the Committee's medical staff. A special survey of families in the County was carried out by the Health Visitors in order that the offer of immunisation could be brought personally to the notice of parents and to establish the number of children eligible for immunisation.

The response on the part of the public was excellent and remarkably rapid progress towards the objectives of the scheme was made during the year, although in the early stages the work was complicated by extreme variations in the availability of vaccine due to an overall shortage in supply.

In October, 1958 the scheme was extended to include persons born in the years 1933 to 1942 and at the same time it was recommended that a third injection should be given to those who had already received two, this third injection to be given not less than 7 months after the second. By the end of the year arrangements had been put into operation to offer immunisation to all persons in this additional group and a start had been made in giving third injections.

Table 48 gives details of the number of persons immunised under the scheme up to the 31st December, 1958, according to the stage of protection reached. A total of 673 persons had received first injections and were awaiting second injections, at the end of the year, 52,480 had received second injections and were awaiting third injections, while 10,703 had received the complete course of three injections. In the field of immunisation of children up to 15 years, the group most vulnerable to Poliomyelitis, the very satisfactory total of 62,305 had been immunised, of whom 51,058 had received second injections representing a response of approximately 93 per cent. in this group. This rate of immunisation shows how sensibly the parents of children re-acted to the voluntary scheme of immunisation and is a source of great satisfaction to all concerned with its promotion.

TABLE 49—BCG VACCINATION —No. OF PRE-VACCINAL TESTS COMPLETED DURING THE YEAR AND THE RELATIVE No. OF BCG VACCINATIONS COMPLETED.

Division	1	2	3	4	5	6	Total
No. of Pre-Vaccinal Tests	46	—	9	414	454	65	988
No. found to be Re-actors	—	—	—	56	56	3	115
No. found to be Non Re-actors	46	—	9	358	398	62	873
No. of Vaccinations completed*	75	631	316	772	864	272	2,930

* Includes vaccination of babies who were not subject to pre-vaccinal tests.

BCG VACCINATION

This work, details of which are shown in Table 49, continued to be undertaken on an agency basis on behalf of the Northern Ireland Tuberculosis Authority. Under the general scheme vaccination is available to all infants and school children of 12 years of age and upwards, also children outside of these groups on behalf of whom special requests for vaccination are received from general practitioners and parents. This scheme was somewhat modified in its application during the year in that as a temporary measure to expedite the work of immunisation against Poliomyelitis vaccination of children of 12 years of age and upward was largely discontinued.

Routine visits were made by the Committee's Medical Officers to the following maternity hospitals to vaccinate new-born babies :—

Division 1—Bangor Hospital.

Division 2—Newtownards Hospital.

Division 3—Laganvalley Hospital.

Division 4—Banbridge Hospital.

Division 5—Downe Hospital, Downpatrick

and

Quoile Hospital, Downpatrick.

Division 6—Daisy Hill Hospital, Newry (Alternate attendances by arrangement with a Medical Officer from Co. Armagh),

and

Mourne Hospital.

Facilities continued to be made available for the vaccination of babies born at home and those born in hospital but not vaccinated before discharge, through domiciliary visiting by medical officers and through attendance at the Committee's Child Health and Welfare Clinics.

The following are the totals of vaccinations recorded since the inception of the scheme in 1954 :—

1954	1955	1956	1957	1958
1,541	5,314	5,635	4,017	2,930

The figures for the year under review represent an appreciable decrease in comparison with those for the three previous years, but are a result of the temporary re-organisation of activities in this field found necessary during the year. There is no doubt that once the full aims of the Scheme for Immunisation against Poliomyelitis have been achieved, BCG Vaccination will soon be restored as an important preventive measure against Tuberculosis.

My grateful thanks are due to the general practitioners, teachers and Hospital Management Committees for the interest they continue to show in the work and for their ready help and co-operation which so greatly facilitate the smooth running of the scheme. I must also record my appreciation of the assistance so freely given at all times by the officials of the Northern Ireland Tuberculosis Authority in matters of technique and in the prompt supply of equipment and vaccine.

TABLE 50 :—VACCINATION AGAINST SMALLPOX

(a) Comparative Returns from 1950 to 1957

	1950	1951	1952	1953	1954	1955	1956	1957
Number of Live Births notified	4,805	4,788	4,794	4,942	4,894	4,907	5,071	5,160
Percentage children successfully vaccinated or insusceptible to vaccination	91.75	92.05	92.81	93.10	92.40	92.64	92.50	94.88

(b) Vaccination Statistics for the Year Ended 31st December 1958

	Quarter Ended				Summary for Year	
	31st March	30th June	30th September	30th December		
Number of Live Births notified	1,349	1,382	1,205	1,211	5,147	100%
Number of children who died not vaccinated	38	28	25	29	120	2.33%
Number of children who left County not vaccinated	38	30	30	25	123	2.39%
Number of children successfully vaccinated	1,145	1,162	964	749	4,020	78.10%
Number of children insusceptible to Vaccination	102	138	90	38	368	7.15%
Number of children who are unfit to be vaccinated	13	14	28	17	72	1.40%
Number of children not vaccinated at the time of writing	13	10	68	353	444	8.63%

(The above table is based on records at 5th May, 1959)

Throughout the year eleven parents were prosecuted for failing to have their children vaccinated. The results of these proceedings are as follows :—

- (a) Court Orders were granted in eight cases to have the children vaccinated within a stated period.
- (b) Three cases were dismissed because the children had been vaccinated prior to the issue of the Summons.

I would call attention to the large percentage of children not vaccinated for the quarters ended 30th September, 1958 and 31st December, 1958, which is mainly due to the following :—

- (a) The early presentation of returns.
- (b) the impact of the Committee's Poliomyelitis Scheme.

The Committee's Scheme regarding the protection of children against Smallpox continues satisfactorily, and is mainly due to the co-operation and assistance given by the General Practitioners and the Divisional Medical Officers of Health.

TABLE 51—HOME NURSING SERVICE

1. Personnel:—

	At 1/1/58	At 31/12/58
(a) Number of nurses employed:—		
(i) for home nursing work only	19	19
(ii) for home nursing and other duties	33	33
(b) Equivalent in terms of whole-time service	33½	33½
(c) Number employed having Certificate in District Training	42	40
(d) Number of Student Home Nurses employed	—	—

2. Particulars of Work Done during the year:—

22

Division	No. of Home Nurses at 31/12/58	HOME NURSING										CASUAL TREATMENT					CLINIC SESSIONS ATTENDED						
		New Cases Attended						Visits				No. of Persons Treated at :—					Ante-Natal						
		Medical		Surgical		Tuberculosis		Nursing Mothers		Total	Medical	Surgical	Tuber- culosis	Nursing Mothers	Total	Home	Doctors Surgery	Nurse's Residence	Schools	Total	County	Doctors Surgery	Child Health and Wel- fare
		D	H	D	H	D	H	D	H														
		D	H	D	H	D	H	D	H														
1		512	90	99	32	8	10	—	54	805	21,913	5,971	561	217	28,662	300	—	94	30	424	211	28	44
2		453	62	173	47	—	2	—	28	765	18,308	4,067	207	241	22,823	241	2	18	17	278	—	—	286
3		589	67	249	89	10	6	6	23	1,039	24,493	6,445	1,162	151	37,251	1,032	11	560	1	1,604	—	—	299
4		493	21	256	44	1	3	5	13	836	11,964	6,450	210	122	18,746	724	—	339	—	1,063	51	—	152
5		808	36	500	90	6	5	2	21	1,468	23,085	8,736	892	108	32,821	981	853	898	12	2,744	—	46	250
6		992	89	412	116	9	11	1	37	1,667	27,166	8,868	796	178	37,008	3,019	72	1,181	—	4,272	—	—	359
Totals		3,847	365	1,689	418	34	37	14	176	6,580	126,929	40,537	3,828	1,017	172,311	6,297	938	3,090	60	10,385	262	74	1,390
Grand Totals —Cases		4,212		2,107		71		190															

D—denotes entirely domiciliary cases, i.e., patients who were not receiving treatment in hospital immediately previous to the commencement of attendance under the Home Nursing Service.
H—denotes cases discharged from hospital and referred for domiciliary nursing.

MIDWIFERY

TABLE 52—MIDWIVES (IRELAND) ACT, 1918, AND MIDWIVES AND NURSING HOMES ACT (NORTHERN IRELAND), 1929—NUMBER OF MIDWIVES WHO GAVE NOTICE OF INTENSION TO PRACTISE OR OF HAVING PRACTISED DURING THE YEAR.

(i) Employed by the Committee:—	
(a) In Whole-time employment as midwives	25
(b) In part-time employment as midwives but with other duties accounting for full-time employment, i.e., District-Nurse Midwives	57
(c) In part-time employment on a case-paid basis	Nil
(ii) In Private Practice:—	
(a) Domiciliary	4
(b) Nursing Home	2
(iii) Employed by the Northern Ireland Hospitals Authority	52
	—
TOTAL	140

TABLE 53—DOMICILIARY MIDWIFERY SERVICE—NUMBER OF MIDWIVES IN PRACTICE UNDER THE SCHEME AT THE END OF THE YEAR

(a) Whole-time Midwives	24
(b) District-Nurse Midwives	33
(c) Part-time Midwives	Nil
	—
TOTAL	57

TABLE 54—NUMBER OF DOMICILIARY CASES ATTENDED BY MIDWIVES DURING THE YEAR

	Complete Cases		Interrupted Domiciliary and other Cases	Total
	As Midwives	As Maternity Nurses		
(a) By Whole-time Midwives	44	1,073	895	2,012
(b) By District-nurse Midwives	6	462	236	704
(c) By Part-time Midwives	—	—	—	—
(d) By Midwives in Private Practice	—	25	—	25
Totals	50	1,560	1,131	2,741

NOTES—Complete Cases refer only to those cases which had proceeded to a term of 28 weeks or over and in which the confinements were conducted at home.

Interrupted Domiciliary and Other Cases include:—

(a) abortions at home;

(b) cases in which patients were admitted to hospital resulting in either abortion, or confinement at a term of 28 weeks and over.

(c) cases discharged from hospital into the care of domiciliary midwives.

Ante-Natal Examinations:

Number of domiciliary cases (i.e., complete cases) where ante-natal examinations were carried out by Midwives employed by the Committee	1,531
Total number of ante-natal examinations made in the foregoing complete cases	13,144

Emergency Medical Aid under Midwives Act, 1918:

Number of domiciliary cases in which medical aid was summoned	1
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Analgesia and Anaesthesia:

Number of Midwives employed by the Committee qualified, as at 31st December, 1958, to administer gas and air analgesia	50
Number of domiciliary cases in which gas and air analgesia was administered during the year by qualified midwives	889
Number of sets of gas and air apparatus in use at 31st December, 1958	41

Number of domiciliary cases in which general anaesthesia was administered :—			
(a) by general practitioners attending under the County Maternity Scheme .....	.....	.....	385
(b) by second doctor under the County Maternity Scheme .....	.....	.....	11

Suspensions :

Number of suspensions of midwives from general domiciliary practice during the year under Section 16 (3) of the Midwives (Ireland) Act, 1918	Nil
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Maternity Packs :

Number of maternity packs issued during the year (Maternity packs are issued free of charge in all domiciliary cases attended by doctors and midwives under the County Maternity Services Scheme)	1,830
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Pupil Midwives :

Number of Pupil Midwives undergoing Part II Midwifery Training with the Committee during the year	14
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TABLE 55.—REGISTRATION OF NURSING HOMES

	Number of Homes	Number of Beds provided		
		Maternity	Others	Total
Homes first registered during 1958	—	—	—	—
Homes on Register at end of 1958	3	10	22	32

Action taken during 1958 :

Number of applications for registration refused .....	.....	.....	.....	.....	Nil
Number of registrations cancelled .....	.....	.....	.....	.....	Nil
Number of appeals by aggrieved persons to a Court of Summary Jurisdiction .....	.....	.....	.....	.....	Nil
Number of cases in which fines were imposed .....	.....	.....	.....	.....	Nil
Number of registered homes inspected .....	.....	.....	.....	.....	3
Number of inspections .....	.....	.....	.....	.....	6

SCHOOL HEALTH SERVICES

TABLE 56—NUMBER AND TYPES OF SCHOOLS WITH AVERAGE NUMBERS OF PUPILS ON ROLLS IN RELATION TO THE DIVISIONAL SCHEME OF ADMINISTRATION OF THE SCHOOL HEALTH SERVICES

Schools		Divisional Areas										Totals			Schools administering approved private schemes in relation to Schools Medical Inspection†			
		1		2		3		4		5						6		
		No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls	No. of schools	Average No. on Rolls					No. of schools	Average No. on Rolls	
Primary	Management Classification	County	14	2,483	31	3,312	43	6,586	39	3,109	27	1,517	24	2,091	178	19,098	—	—
		Voluntary Protestant	—	—	—	—	1	12	5	251	3	128	3	105	12	496	—	—
		Voluntary Roman Catholic	3	447	10	1,190	5	846	19	1,566	29	3,036	41	5,924	107	13,009	—	—
		Voluntary Non-Denominational Special*	2	65	1	25	2	44	—	—	2	136	—	—	2	136	—	—
	Totals	19	2,995	42	4,527	51	7,488	63	4,926	61	4,817	68	8,120	304	32,873	—	—	
Secondary Intermediate	County	2	944	3	1,340	4	1,678	2	891	4	992	1	494	16	6,339	—	—	
	Voluntary	—	—	—	—	—	—	1	425	3	741	1	356	5	1,522	—	—	
	Totals	2	944	3	1,340	4	1,678	3	1,316	7	1,733	2	850	21	7,861	—	—	
Grammar	County	1	747	1	743	—	—	1	355	1	606	—	—	4	2,451	—	—	
	Voluntary Protestant	1	526	—	—	2	1,281	—	—	—	—	1	324	4	2,131	—	—	
	Voluntary Roman Catholic	—	—	—	—	—	—	—	—	2	470	4	1,112	6	1,582	3	812	
	Totals	2	1,273	1	743	2	1,281	1	355	3	1,076	5	1,436	14	6,164	3	812	
Technical Intermediate	County	—	—	2	360	1	103	1	155	2	180	2	93	8	891	—	—	
	Other	1	286	—	—	—	—	—	—	—	—	1	201	2	487	—	—	
	Totals	1	286	2	360	1	103	1	155	2	180	3	294	10	1,378	—	—	
	Grand Totals	24	5,498	48	6,970	58	10,550	68	6,752	73	7,806	78	10 700	349	48,276	3	8 1/2	

*Special Schools. Division 1—Stewart Memorial Home Bangor, and Crawfordsburn Hospital. Division 2—Killard House, Newtownards. Division 3—Beechlaw Residential School Hillsborough and Northern Ireland Fever Hospital, Purdy'sburn.

† Grammar Schools administering approved private schemes in relation to Schools Medical Inspection. Division 5—Assumption High School, Ballynahinch. Division 6—Sacred Heart School (St. Clare's), Newry, and Our Lady's School, Convent of Mercy, Newry.

SCHOOL HEALTH SERVICES

MEDICAL INSPECTION

School Population :

Excluding Independent Schools and Nursery Schools there are 349 schools within the County and the average number of pupils who attended these during the year, based on official returns was 48,276. Table 56 contains a classification of the schools according to Administrative Divisional Areas.

The school population for which the Committee must provide school medical facilities continues to show an increase, the average number on the rolls during 1958 being an increase of 2,586 on the number for the previous year. The increase, distributed according to the various types of schools is Secondary Intermediate 2,569, Grammar 238, Technical Intermediate 125, there being a decrease of 346 in Primary. Distribution of the increase according to Divisional Areas is :—

Division	1	2	3	4	5	6
Increase	—	157	998	604	413	429
Decrease	15	—	—	—	—	—

Scheme of Inspection :

The scheme of medical inspection was the same as for the previous year and was in accordance with the School Health Service Regulations (Northern Ireland) 1948, under which the following age groups are prescribed for routine medical inspections :—

- (i) entrants within the period of 12 months following the date of initial admission to school ;
- (ii) pupils in the age group 10 to 12 years ;
- (iii) pupils within the period of 12 months preceding the date on which attendance at school is no longer required by law.

The following age groups are also prescribed for routine medical inspection in accordance with recommendations made by the Committee and approved by the Ministry of Health and Local Government :—

- (iv) pupils in the age group 8 to 9 years ;
- (v) pupils who have attained 16 years of age.

In addition the scheme provides for the medical inspection of children referred by teachers and parents for examination on account of suspected defects and also for the re-examination of children previously found to have defects.

Medical Inspections were carried out by the Divisional Medical Officers of Health and Assistant Divisional Medical Officers of Health in the school premises, every precaution being taken to ensure that the minimum of disturbance was caused to school routine. Summaries of Medical Inspections with regard to numbers examined, defects found and general comments on the incidence of defects are given on the following pages. In comparison with the returns for previous years the number of children medically inspected represents a considerable reduction, due to the intensive campaign for immunisation against Poliomyelitis. However as immunisation involved and was accepted by almost the entire school population the general precautions taken prior to prophylactic procedure in themselves constituted in some measure an abbreviated form of medical inspection.

Private Medical Inspection Schemes in Voluntary Schools :

Three Voluntary Grammar Schools continued to provide their own School Medical Services in accordance with schemes approved by the Committee, the schools being detailed in the footnote to Table 56.

Co-operation :

Parental response to the invitation to be present at medical inspections continued on the average to be poor.

Much valuable assistance is afforded to the Committee's Officers by teachers and it is abundantly clear that they are deeply interested not only in the education of their charges but also in all that affects their health and well-being.

School Hygiene :

Inspection of school buildings continued to be carried out at the same time as School Medical Inspections as a routine matter while in some cases special surveys were also carried out and as a result very satisfactory progress was maintained by the Education Committee in carrying out works of improved sanitation at a number of schools in the County. Statistical details of inspections and improvements effected are given on Page 95 of this report.

Co-ordination :

The various sections of the Public Health Services dealing with matters relating to child health and care have worked in close co-operation and the relationships with the other statutory and voluntary bodies concerned have continued in a satisfactory manner.

TABLE 57—NUMBER OF CHILDREN WHO WERE MEDICALLY EXAMINED, ACCORDING TO CLASSIFIED AGE GROUPS

	Division	Routine Inspections						Special Examin- ations and Re- Examin- ations	Total No. of Children Examined
		Statutory Groups			Other Groups		Total No. of Routine Inspec- tions		
		First year at School	10—12 years	13—14 years	8—9 years	16 + years			
Inspection of schools participating in the Committee's Scheme	1	197	195	130	203	—	725	73	798
	2	377	345	120	320	—	1,162	703	1,865
	3	335	318	71	335	—	1,059	289	1,348
	4	328	219	76	219	—	842	177	1,019
	5	481	402	303	364	87	1,637	338	1,975
	6	778	346	290	329	80	1,823	221	2,044
	Total	2,496	1,825	990	1,770	167	7,248	1,801	9,049
Inspection of schools operating own Medi- cal Inspection Schemes	5	—	30	74	—	22	126	—	126
	6	—	125	171	—	60	356	—	356
	Total	—	155	245	—	82	482	—	482
Grand Totals	.....	2,496	1,980	1,235	1,770	249	7,730	1,801	9,531

TABLE 58—GENERAL CONDITIONS OF CHILDREN EXAMINED

A—Good, B—Fair, C—Poor.

Division	First year at school				10—12 years				13—14 years				8—9 years				16+ years				No. %
	A	B	C	Total	A	B	C	Total	A	B	C	Total	A	B	C	Total	A	B	C	Total	
1	194 98.5	1 0.5	2 1.0	197 100	192 98.5	1 0.5	2 1.0	195 100	125 96.2	—	5 3.8	130 100	201 99.1	—	—	2 0.9	203 100	—	—	—	No. %
2	368 97.6	9 2.4	—	377 100	339 98.3	6 1.7	—	345 100	116 96.7	4 3.3	—	120 100	315 98.4	—	5 1.6	—	320 100	—	—	—	No. %
3	321 95.8	14 4.2	—	335 100	301 94.7	17 5.3	—	318 100	71 100	—	—	71 100	321 95.8	—	14 4.2	—	335 100	—	—	—	No. %
4	306 93.3	22 6.7	—	328 100	208 95.0	11 5.0	—	219 100	73 96.0	3 4.0	—	76 100	207 94.5	—	12 5.5	—	219 100	—	—	—	No. %
5	412 85.7	67 13.9	2 0.4	481 100	364 84.2	66 15.3	2 0.5	432 100	349 92.6	27 7.1	1 0.3	377 100	303 83.2	1 0.9	56 15.4	5 1.4	364 100	108 99.1	1 0.9	—	No. %
6	742 95.4	36 4.6	—	778 100	456 96.8	14 3.0	1 0.2	471 100	453 98.3	8 1.7	—	461 100	317 96.4	—	12 3.6	—	329 100	140 100	—	—	No. %
Totals	2,343 93.8	149 6.0	4 0.2	2,496 100	1,860 93.9	115 5.8	5 0.3	1,980 100	1,187 96.1	42 3.4	6 0.5	1,235 100	1,664 94.0	1 0.4	99 5.6	7 0.4	1,770 100	248 99.6	1 0.4	—	No. %

TABLE 59—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS

O—denotes Defects requiring observation T—denotes Defects requiring treatment

Defect		Division 1			Division 2			Division 3			Division 4			Division 5			Division 6			County	
		O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T
Cleanliness	No. %	—	5 0.7	5 0.7	—	1 0.1	1 0.1	—	—	1 0.1	—	9 1.0	9 1.0	43 2.4	2 0.1	45 2.5	9 0.4	21 1.0	30 1.4	53 0.7	38 0.5
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infestation	No. %	—	15 2.1	15 2.1	—	39 3.3	39 3.3	2 0.2	3 0.3	5 0.5	—	15 1.8	15 1.8	10 0.6	19 1.0	29 1.6	1 0.05	28 1.3	29 1.3	13 0.2	119 1.5
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teeth	No. %	—	—	—	—	2 0.2	2 0.2	—	—	—	—	—	—	12 0.7	2 0.1	14 0.8	6 0.3	132 6.0	138 6.3	18 0.2	136 1.7
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin	No. %	—	206 28.4	206 28.4	8 0.7	119 10.2	127 10.9	54 5.1	133 12.5	187 17.6	2 0.2	213 25.3	215 25.5	92 5.2	502 28.5	594 33.7	41 1.9	145 6.6	186 8.5	197 2.5	1,318 17.0
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringworm (Scalp)	No. %	—	—	—	—	—	—	1 0.1	—	1 0.1	—	—	—	1 0.1	—	1 0.1	—	—	—	2 0.03	2 0.03
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ringworm (Body)	No. %	—	—	—	—	—	—	—	—	—	1 0.1	4 0.4	5 0.5	—	—	—	—	—	—	1 0.01	4 0.05
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies	No. %	—	—	—	—	—	—	—	—	—	1 0.1	—	1 0.1	1 0.1	—	1 0.1	—	—	—	2 0.03	2 0.03
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo	No. %	—	—	—	—	—	—	—	—	—	—	5 0.5	5 0.5	2 0.1	16 0.9	18 1.0	—	—	—	2 0.03	21 0.3
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions	No. %	—	11 1.5	11 1.5	—	13 1.1	13 1.1	21 2.0	1 0.1	22 2.1	7 0.7	3 0.3	10 1.0	29 1.6	25 1.4	54 3.0	65 3.0	12 0.5	77 3.5	122 1.6	65 0.8
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eyes	No. %	8 1.1	57 7.9	65 2.0	51 4.4	192 16.5	243 20.9	140 13.2	70 6.6	210 19.8	32 3.8	77 9.1	109 12.9	197 11.2	166 9.4	363 20.6	182 8.4	184 8.4	366 16.8	610 7.9	746 9.6
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Squint	No. %	5 0.7	1 0.1	6 0.8	5 0.4	20 1.7	25 2.1	11 1.0	8 0.8	19 1.8	3 0.3	11 1.3	14 1.6	29 1.6	30 1.7	59 3.3	46 2.1	42 1.9	88 4.0	99 1.3	112 1.4
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	No. %	—	9 1.2	9 1.2	4 0.3	13 1.1	17 1.4	4 0.4	—	4 0.4	1 0.1	4 0.4	5 0.5	8 0.5	4 0.2	12 0.7	17 0.8	6 0.3	23 1.1	34 0.4	36 0.5
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ears	No. %	2 0.3	1 0.1	3 0.4	8 0.7	4 0.3	12 1.0	6 0.6	1 0.1	7 0.7	1 0.1	1 0.1	2 0.2	12 0.7	3 0.2	15 0.9	4 0.2	2 0.1	6 0.3	33 0.4	12 0.2
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hearing	No. %	—	—	—	—	8 0.7	8 0.7	2 0.2	—	2 0.2	1 0.1	—	1 0.1	5 0.3	7 0.4	12 0.7	3 0.1	—	3 0.1	11 0.1	16 0.2
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Otitis Media	No. %	—	1 0.1	1 0.1	—	—	—	2 0.2	—	2 0.2	1 0.1	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	No. %	—	—	—	2 0.2	—	2 0.2	1 0.1	—	1 0.1	3 0.3	—	3 0.3	7 0.4	4 0.2	11 0.6	3 0.1	—	3 0.1	16 0.2	20 0.3
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nose or Throat	No. %	15 2.1	32 4.4	47 6.5	102 8.8	27 2.3	129 11.1	223 21.0	35 3.3	258 24.3	153 18.2	6 0.6	159 18.8	189 10.7	54 3.1	243 13.8	466 21.4	56 2.5	522 23.9	1,148 14.8	210 2.7
	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 59—SUMMARY OF DEFECTS FOUND AT ROUTINE MEDICAL INSPECTIONS (Continued)

Defect		Division 1			Division 2			Division 3			Division 4			Division 5			Division 6			County	
		O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T
Speech	No. %	3 0.4	8 1.1	11 1.5	14 1.2	12 1.0	26 2.2	16 1.5	12 1.1	28 2.6	18 2.1	5 0.6	23 2.7	31 1.8	23 1.3	54 3.1	16 0.7	9 0.4	25 1.1	98 1.3	69 0.9
Cervical Glands	No. %	3 0.4	—	3 0.4	9 0.8	—	9 0.8	20 1.9	—	20 1.9	213 25.3	12 1.4	225 26.7	195 11.1	99 5.6	294 16.7	298 13.7	29 1.3	327 15.0	738 9.5	140 1.8
Heart and Circulation	No. %	3 0.4	3 0.4	6 0.8	10 0.9	6 0.5	16 1.4	13 1.2	—	13 1.2	21 2.5	—	21 2.5	56 3.2	2 0.1	58 3.3	82 3.8	14 0.6	96 4.4	185 2.4	25 0.3
Lungs (Non T.B.)	No. %	7 1.0	3 0.4	10 1.4	12 1.0	2 0.2	14 1.2	20 1.9	—	20 1.9	17 2.0	1 0.1	18 2.1	58 3.3	12 0.7	70 4.0	24 1.1	7 0.3	31 1.4	138 1.8	25 0.3
Development	Tuberculosis	1 0.1	—	1 0.1	—	—	—	—	—	—	—	—	—	4 0.2	—	4 0.2	2 0.1	2 0.1	4 0.2	7 0.09	2 0.03
	Non-Pulmonary	1 0.1	—	1 0.1	—	—	—	—	—	—	—	—	—	4 0.2	—	4 0.2	—	—	—	5 0.06	—
	Hernia	—	—	—	—	1 0.1	1 0.1	4 0.4	1 0.1	5 0.5	1 0.1	2 0.2	3 0.3	7 0.4	1 0.06	8 0.5	—	—	—	12 0.2	5 0.06
	Other	—	—	—	—	—	—	28 2.6	7 0.7	35 3.3	1 0.1	—	1 0.1	22 1.2	1 0.06	23 1.3	—	3 0.1	58 0.7	15 0.2	73 0.9
Orthopaedic	Posture	1 0.1	2 0.3	3 0.4	5 0.4	6 0.5	11 0.9	2 0.2	—	2 0.2	5 0.6	5 0.6	10 1.2	115 6.5	33 1.9	148 8.4	48 2.2	10 0.4	58 2.6	176 2.3	56 0.7
	Flat Foot	8 1.1	11 1.5	19 2.6	3 0.3	6 0.5	9 0.8	25 2.4	6 0.6	31 3.0	17 2.0	—	17 2.0	33 1.9	31 1.7	64 3.6	81 3.7	13 0.6	94 4.3	167 2.1	67 0.9
	Other	3 0.4	9 1.2	12 1.6	10 0.9	3 0.3	13 1.2	10 0.9	4 0.4	14 1.3	8 0.9	5 0.6	13 1.5	91 5.2	34 1.9	125 7.1	33 1.5	10 0.5	43 2.0	155 2.0	65 0.8
Nervous System	Epilepsy	—	—	—	—	1 0.1	1 0.1	2 0.2	—	2 0.2	1 0.1	—	1 0.1	2 0.1	1 0.06	3 0.2	1 0.05	1 0.05	2 0.1	6 0.08	3 0.04
	Other	—	—	—	—	1 0.1	1 0.1	1 0.1	—	1 0.1	—	—	—	10 0.6	2 0.1	12 0.7	6 0.3	14 0.6	20 0.9	17 0.2	34 0.4
Physiological	Development	—	—	—	2 0.2	—	2 0.2	1 0.1	—	1 0.1	11 1.3	—	11 1.3	42 2.4	6 0.3	48 2.7	10 0.5	7 0.3	17 0.8	66 0.2	13 0.8
	Stability	—	—	—	3 0.3	1 0.1	4 0.4	1 0.1	—	1 0.1	1 0.1	1 0.1	2 0.2	4 0.2	—	4 0.2	6 0.3	1 0.05	7 0.3	15 0.2	3 0.04
Other Conditions	No. %	1 0.1	1 0.1	2 0.3	—	—	—	7 0.7	3 0.2	10 0.9	3 0.3	—	3 0.3	5 0.3	2 0.1	7 0.4	—	—	—	16 0.2	22 0.3

General Condition of Children :

Table 59 is a summary of the general condition of children examined in the various age groups classified under three categories, i.e., A—Good, B—Fair and C—Poor. As experienced in previous years, the percentages shown against Divisional Areas vary to some extent though not substantially when varying conditions throughout the County are taken into account and due regard is also paid to the fact that the criteria of general conditions must vary to some extent with the individual examining officer. The following are comparative figures of the relative percentages recorded during the past three years in relation to the statutory age groups :—

Age Groups (County Totals)	A—Good			B—Fair			C—Poor		
	1956 %	1957 %	1958 %	1956 %	1957 %	1958 %	1956 %	1957 %	1958 %
First year at school	95.2	91.8	93.8	4.7	7.9	6.0	0.1	0.3	0.2
10—12 years	96.0	94.6	93.9	3.9	5.3	5.8	0.1	0.1	0.3
13—14 years	97.3	96.2	96.1	2.7	3.7	3.4	—	0.1	0.5

During recent years there has been a remarkable improvement in the general physique of children and also in their clothing and footwear, and there is no doubt that this has been contributed to by the provision of school meals and school milk, by the spread of Health Education amongst parents and by the general building up of the Social Services.

Cleanliness :

Defects in relation to general cleanliness found at routine medical inspections numbered 91, representing 1.2 per cent. of the children examined in comparison with rates of 0.8 per cent., 0.6 per cent. and 1.0 per cent. for the years 1955, 1956 and 1957 respectively, but the general incidence of personal uncleanliness remains at a very low level when compared with conditions prevalent ten years ago. During this period the provision of modern houses and schools has encouraged habits of personal cleanliness in children.

Infestation :

During the year defects in relation to infestation found at routine medical inspection numbered 286, representing 3.6 per cent. of the number of children examined, a rate which compares unfavourably with that of 2.3 per cent. recorded for 1957 and that of 2.2 per cent. recorded for 1956. Of the 286 children examined 132 had infestation of the head and 154 had infestation of the body.

Dental Defects :

Of the total of 7,730 children examined at routine medical inspection 1,515, or 19.5 per cent., were found to have dental defects in comparison with a rate of 20.8 per cent. for the previous year. A Report on the Dental Services will be found on Page 83.

Skin :

Routine medical inspection disclosed skin diseases in 2.8 per cent. of the children examined a slight increase on the rate of 2.1 per cent. recorded for the previous year. The incidence of Ringworm, Scabies and Impetigo remained at much the same level as during 1958, Other Conditions of the Skin showing a slight increase in incidence.

There were no major outbreaks of infectious skin ailments during 1958, but in the late Autumn a minor outbreak of Scabies was discovered in a school in Division 2 following referment of a number of children to the Divisional Medical Officer of Health by a teacher at the school. All children in attendance at this school were examined and a total of 20 pupils were found to be suffering from an ailment, confirmed by a Skin Specialist as Scabies, a number of those affected being members of the same family. Supervision of the entire families in which there were infected children was maintained and in one instance all of the members of a family including the adults were found to be infected. As a result of the prompt action by the teacher energetic measures were enabled to be taken at an early stage to limit the spread of infection and to secure treatment for those infected, the outbreak being rapidly brought to an end.

Eyes :

Year	Defects of Vision						Squint			Other Conditions of the Eyes			All Eye Defects		
	Without Glasses			With Glasses											
	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total
1953	998	1,161	2,159	428	538	966	125	209	334	94	125	219	1,645	2,033	3,678
1954	759	1,217	1,976	415	578	993	140	183	323	130	137	267	1,444	2,115	3,559
1955	920	975	1,895	216	471	687	105	193	298	54	114	168	1,295	1,753	3,048
1956	963	834	1,797	179	503	682	112	183	295	62	72	134	1,316	1,592	2,908
1957	1,308	1,034	2,342	171	389	560	206	252	458	75	74	149	1,760	1,749	3,509
1958	522	578	1,100	88	168	256	99	112	211	34	36	70	743	894	1,637

The above are comparative figures of eye defects found at routine medical inspections during the last six years from which it will be noted that in total such defects show an appreciable decrease in comparison with the figures for any year since 1953, the decrease being attributable to the fact that a very much smaller number of children were inspected during the year under review than in any of the previous years. Consideration of the following statement of incidence rates, however, shows that the overall incidence of Eye Defects—all types—21.1 per cent., is somewhat similar to that for the previous year, the overall incidence for the last two years being comparatively higher than in any year from 1953 to 1956.

Year	Defects of Vision						Squint			Other Conditions of the Eyes			All Eye Defects		
	Without Glasses			With Glasses											
	O	T	Total	O	T	Total	O	T	Total	O	T	Total	O	T	Total
1953	5.7	6.5	12.2	2.4	3.1	5.5	0.7	1.2	1.9	0.5	0.7	1.2	9.3	11.5	20.8
1954	4.4	7.1	11.5	2.4	3.4	5.8	0.8	1.1	1.9	0.8	0.7	1.5	8.4	12.3	20.7
1955	5.2	5.6	10.8	1.2	2.7	3.9	0.6	1.1	1.7	0.3	0.7	1.0	7.4	10.0	17.4
1956	6.0	5.3	11.3	1.1	3.2	4.3	0.7	1.1	1.8	0.4	0.5	0.9	8.3	10.0	18.3
1957	7.9	6.3	14.2	1.0	2.4	3.4	1.3	1.5	2.8	0.5	0.4	0.9	10.7	10.6	21.3
1958	6.7	7.5	14.2	1.1	2.2	3.3	1.3	1.4	2.7	0.4	0.5	0.9	9.6	11.5	21.1

Of the total number of children examined 1,100 who did not normally wear glasses, or 14.2 per cent., were found to have defects a rate similar to that recorded for the previous year, but higher than that for the previous four years. The incidence in relation to those actually requiring treatment is the highest recorded since 1953 while that in the category requiring observation is also the highest over the period excepting the year 1957.

Regarding defects among children who normally wear glasses the incidence rate of 3.3 per cent. is the lowest recorded during the past six years, the rate in the category requiring treatment having shown a general downward trend over the period.

The incidence of squint defects is largely similar in both observation and treatment categories to the rates for the previous year which represented relatively high increases when compared with rates recorded up to 1956. The static position with regard to Other Conditions of the Eyes noted up to 1957 continued during 1958.

Ophthalmic Clinics were held at 7 Centres during the year. Details of these clinics, promoted by the Committee but at which the Northern Ireland Hospitals Authority provide the Ophthalmologists, are given in Table 29 together with a summary of the work carried out at each. The Grand Total of 3,051 attendances at these clinics represents a substantial increase in comparison with the total of 1,597 attendances for 1956 and 2,351 in 1957.

Conditions of the Ears, Nose and Throat :

The overall incidence of defects of the ears, 1.2 per cent., is somewhat similar to the low rate of 1.1 per cent. for the previous year, while the rates in both observation and treatment categories of the classified types of ear defects show little, if any, variation on those for last year.

The incidence of nose and throat conditions for the year is 17.6 per cent. in comparison with a rate of 16.9 per cent. for last year. In the category of defects of the nose and throat requiring treatment the rate however is 2.7 per cent. in comparison with 2.9 per cent. in 1957, the rate in the observation group having increased from 14.0 per cent. in 1957 to 14.8 per cent. in 1958. As mentioned in my last Annual Report the decrease noted in the treatment category can, no doubt, be attributed to the fact that facilities for treatment are gradually becoming more readily available. It is known however that in some districts the waiting list for tonsillectomies continues unfortunately to be still long but it is hoped that with the projected development of hospital facilities it will be possible in the near future to reduce the numbers awaiting treatment.

Speech Defects :

Routine medical inspections disclosed that 167 children or 2.2 per cent. of those examined had speech defects, 98 or 1.3 per cent. being referred for observation and 69 or 0.9 per cent. for treatment. The overall incidence and distribution according to the observation and treatment categories are practically similar to the previous year. Comments on the Speech Therapy Service are given on Page 65 of this report.

Heart and Circulation :

Of the total number of children who were examined at routine inspections 210, or 2.7 per cent., were discovered to have defects under this heading in comparison with 3.2 per cent. in 1957. The incidence rate of defects requiring treatment is 0.3 per cent. and 2.4 per cent. for those requiring observation only, representing in each case a fall on the respective rates of 0.4 per cent. and 2.8 per cent. in the previous year.

Conditions affecting the Lungs—Non-Tuberculous :

During the year 163 of the children examined were found to have defects of the lungs of a non-tuberculous nature, 138, or 1.8 per cent., being referred for observation and 25 or 0.3 per cent. for treatment, these figures representing little change in comparison with those for 1957.

Tuberculosis :

The overall incidence rate for tuberculosis defects 0.2 per cent. is similar to that for 1957, comparing favourably with the rates of 0.4 per cent. and 0.3 per cent. recorded in 1955 and 1956 respectively.

Orthopaedic Defects :

In previous years flat foot was the most common form of orthopaedic defect found at routine medical inspection but for the year under review the incidence of posture and flat foot are equivalent at 3.0 per cent., that for other orthopaedic defects being 2.8 per cent. The rates for 1957 were, posture 2.6 per cent., flat foot 3.3 per cent. and other orthopaedic defects 2.8 per cent. Comments on the Physiotherapy Service are given on page 66 of this report.

Infectious Diseases in Schools :

My comments on Infectious Diseases in general are contained in later pages of this report, from which it will be noted that the County remained free from epidemics during the year, and there was no occasion to recommend the closure of any school owing to the prevalence of infectious disease.

HANDICAPPED CHILDREN

TABLE 60.—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING UPON THE NATURE AND EXTENT OF THE DISABILITIES OF MIND OR BODY FROM WHICH THEY ARE SUFFERING.

These reports are made to enable the Education Committee to decide whether the children require special educational treatment.

Category of Handicap		Division						Total
		1	2	3	4	5	6	
Blind		—	—	1	—	—	—	1
Partially Sighted		—	2	—	—	—	1	3
Deaf		2	1	3	1	—	2	9
Partially Deaf		—	—	1	—	—	—	1
Delicate		—	2	1	—	1	—	4
Educationally Sub-normal		6	28	26	28	11	47	146
Epileptic		—	—	—	—	—	—	—
Maladjusted		—	—	1	—	—	—	1
Physically Handicapped		1	1	2	1	5	2	12
Speech Defect		—	—	—	—	—	—	—
TOTALS		9	34	35	30	17	52	177
Comparative Totals	1957	3	13	21	22	18	9	86
	1956	8	36	23	28	9	50	154
	1955	30	13	21	22	24	33	143
	1954	17	70	30	31	10	61	219
	1953	17	49	41	38	15	21	181
	1952	60	84	34	49	26	78	331
	1951	28	37	36	51	32	60	244

NOTE.—In the foregoing Table, children with multi-handicaps are included only in the category which was first named by the examining Medical Officer.

Up to the end of 1956 the statutory duties relating to Handicapped Pupils were shared by the Health and Education Committees, the Health Committee being responsible for the ascertainment of these children and for recommendations as to the form of educational treatment advisable for them, whilst the Education Committee was responsible for providing such educational treatment. As from the beginning of 1957 the duties of the Health Committee in this field became the responsibility of the Education Committee, the latter body since then being responsible under statute for securing ascertainment and determining the form of educational treatment necessary in addition to providing that treatment. In relation to ascertainment, however, the existing arrangements are that the Medical Officers of the Health Department carry out the necessary medical examinations and in conjunction with the officials of the Education Committee advise on the nature and extent of existing disabilities and on the form of educational treatment necessary.

MENTALLY INEDUCABLE CHILDREN

TABLE 61.—NUMBER OF CHILDREN IN RESPECT OF WHOM MEDICAL REPORTS HAVE BEEN FORWARDED TO THE DIRECTOR OF EDUCATION ADVISING THAT THE CHILDREN ARE SUFFERING FROM DISABILITIES OF MIND OF SUCH NATURE AND EXTENT AS TO MAKE THEM INCAPABLE OF RECEIVING EDUCATION AT SCHOOL.

These reports are made to enable the Education Committee to decide whether the Northern Ireland Hospitals Authority should be notified accordingly.

Division		1	2	3	4	5	6	Total
No. assessed		6	6	12	6	2	5	37
Comparative Totals	1957	1	4	5	—	1	—	11
	1956	4	1	6	3	3	4	21
	1955	5	2	4	6	5	7	29
	1954	9	4	1	1	4	10	29
	1953	1	9	5	4	6	5	30
	1952	7	14	15	14	12	14	76
	1951	6	3	16	8	6	9	48

As from the 1st January, 1957 the responsibility for the assessment of mentally ineducable children became part of the duties of the Education Committee. The medical examinations are, however, carried out by the Medical Officers of the Health Department under arrangements similar to those in operation with regard to the assessment of Handicapped Children. It is part of the statutory duty of the Education Committee to notify children assessed as mentally ineducable to the Special Care Service of the Northern Ireland Hospitals Authority, the body responsible for the care of ineducable children.

SPEECH THERAPY SERVICE

It is with regret I have to record that due to non-availability of staff the Speech Therapy Service ceased to operate during the year under review. This service first commenced at clinics promoted by the Committee in February, 1954 with an establishment of one Speech Therapist and was later extended in its field of operation by the recruitment of a second in September, 1955. In August, 1956, however, the establishment was again reduced to one and finally in May, 1958, the remaining Speech Therapist resigned.

In my last Annual Report I stressed the difficulties inherent in the provision of an efficient Speech Therapy Service due to the general overall shortage of technical staff and pointed out that a working establishment of at least four Speech Therapists would be necessary to provide a comprehensive scheme in the County. Until some action is taken centrally—such as the establishment of a school in Northern Ireland for the training of Speech Therapists—there does not appear to be any immediate solution to the problem. This service, in so far as it has been possible to provide one, has proved to be of inestimable value and it is very disappointing to witness its entire suspension with little prospect of its resumption at present.

The following are statistical details of the work done during the part of the year that the service was in operation :—

No. of cases in which treatment continued from previous year	.....	.....	.....	277
No of new treatments commenced	.....	.....	.....	17
No. of attendances for treatment	.....	.....	.....	829
No. of cases in which treatment was completed.....	.....	.....	.....	61
No. of cases under treatment at date of suspension of service	.....	.....	.....	233

PHYSIOTHERAPY SERVICE

The Physiotherapy Service is now well established and efforts have been made to consolidate the progress gained during the previous year.

Treatment sessions were held at the following clinics in the County :—

Division	Location	No. of Sessions per week
1	Child Health and Welfare Clinic, Central Avenue, Bangor	1
2	Child Health and Welfare Clinic, Ann Street, Portaferry. (Closed on 14th April, 1958).	
	Child Health and Welfare Clinic, Main Street, Kircubbin. (Closed on 1st September, 1958).	
	Comber Primary School	2
	(Treatment sessions commenced on 15th September, 1958).	
3	Child Health and Welfare Clinic, 331 Cregagh Road, Belfast	1
	Child Health and Welfare Clinic, Queen's Hall, Holywood	1
4	Child Health and Welfare Clinic, Princess Street, Dromore	1
	Child Health and Welfare Clinic, Newry Street, Banbridge	1
5	Child Health and Welfare Clinic, Pound Lane, Downpatrick	1
6	Child Health and Welfare Clinic, John Mitchel Place, Newry	2

During the year 238 patients were discharged by the Divisional Medical Officers of Health after having completed a course of treatment. In many cases results proved satisfactory and it is evident that much can be done to remedy postural and other defects if patients are co-operative and attend regularly.

Details of attendances etc., are shown in Table 62.

It will be recalled that the primary aims of this service were to establish a trial scheme of limited scope which would enable the extent of the need to be assessed whilst providing treatment for as many children as possible having regard to the limited resources available.

Treatment is undertaken only when recommended by the family doctor and each case is reviewed regularly by the Divisional Medical Officer, thus ensuring that treatment is terminated as soon as the maximum benefit has been obtained.

Evidence of the success of the scheme is shown by the fact that an ever increasing number of mothers have been calling at the treatment centres to seek advice, and it is clear that there are still a large number of children in the County requiring treatment for whom it has not yet been possible to make provision.

Whilst I am satisfied that the present service is valuable, I feel that it may yet be premature to attempt to assess the full need as this would require to be determined in the light of the services now provided or proposed to be provided by the Northern Ireland Hospitals Authority.

TABLE 62—ATTENDANCES AT PHYSIOTHERAPY CLINICS—YEAR 1958.

Division	Clinic	No. of Sessions	Attendances			Failed Appointments	Cases Completed
			First	Subsequent	Total		
1	Bangor	45	40	263	303	96	42
2	Kircubbin†	40	20	280	300	35	27
	Portaferry†	9	2	44	46	18	11
	Comber*	25	23	170	193	28	—
3	Cregagh	46	17	317	334	55	15
	Holywood	43	14	258	272	76	14
4	Banbridge	45	14	296	310	82	15
	Dromore	45	11	225	236	66	12
5	Downpatrick ..	44	26	254	280	96	35
6	Newry	90	65	623	688	134	67
Totals		432	232	2,730	2,962	686	238

† Portaferry Clinic was closed on 14th April, 1958 and Kircubbin Clinic on 1st September, 1958.

* Treatment Sessions commenced at Comber on 15th September, 1958.

TABLE 63—PHYSIOTHERAPY-TYPES OF CONDITIONS TREATED DURING 1958.

Nature of Defect	Div. 1	Div. 2	Div. 3	Div. 4	Div. 5	Div. 6	TOTALS
Flat Feet	22	16	24	12	7	36	117
Kyphosis	1	6	2	2	2	9	22
Scoliosis	—	—	—	2	—	6	8
Asthma	3	1	2	3	6	5	20
Debilitated	1	5	—	—	4	5	15
Poor Posture	3	7	3	13	15	10	52
Nasal Catarrh	4	6	4	—	—	—	14
Bronchiectasis	3	2	2	—	1	2	10
Sinusitis	1	—	4	—	—	—	5
Old Injuries, etc.	3	8	3	5	4	4	27
Post-Polio	—	—	2	—	—	1	3
Spastic	—	—	1	—	—	—	1

INFECTIOUS DISEASES

TABLE 64—SUMMARY OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

Local Area	Acute Encephalitis	Acute Influenzal and Acute Primary Pneumonia	Anthrax	Cerebro-Spinal Fever	Dysentery	Encephalitis Lethargica	Erysipelas	Food Poisoning (Bacterial Origin)	Gastro-Enteritis (Up to 2 years of age only)	Glandular Fever	Perrhignus Neonatorum	Infectious Hepatitis	Leptospiral jaundice	Measles	Poliomylitis	Puerperal Pyrexia including Fever	Rheumatic Fever	Scarlatina or Scarlet Fever	Typhoid Fever	Paratyphoid Fever	Vincent's Angina	Whooping Cough	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Total	Total Year 1957	
Banbridge Urban	—	1	—	—	3	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	2	4	1	14	74	
Bangor Borough	—	—	—	—	2	—	1	2	3	1	—	—	—	1	—	—	—	—	—	—	—	4	10	1	26	159	
Donaghadee Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	26	—	—	—	—	—	—	—	1	3	4	3	10	
Downpatrick Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	10	4	41	49	
Dromore Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	7	3	
Hollywood Urban	2	—	—	—	17	—	—	1	4	—	—	10	—	25	—	—	—	7	—	—	1	6	5	1	79	91	
Kilkeel Urban	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	74	
Newcastle Urban	—	—	—	—	1	—	—	—	—	—	—	—	—	39	2	—	—	—	—	—	—	1	4	—	5	6	
Newry Urban	—	—	—	—	3	—	—	—	—	—	—	—	—	13	—	—	—	—	—	—	—	1	9	—	54	92	
Newtownards Borough	—	—	—	1	1	—	—	—	—	—	1	3	—	1	—	—	—	—	—	—	—	1	4	—	24	146	
Warrenpoint Urban	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	3	39	
Borough and Urban Totals	—	3	—	1	27	—	1	4	10	1	1	14	—	105	2	—	1	8	—	—	—	1	15	53	11	258	743
Banbridge Rural	—	10	—	—	12	—	2	—	—	—	—	3	—	141	1	—	1	4	—	—	—	10	9	5	198	210	
Castlereagh Rural	—	7	—	1	11	—	—	1	6	—	—	22	—	32	1	2	—	23	—	—	—	71	18	3	198	580	
Downpatrick Rural	—	1	1	1	1	1	1	1	2	—	—	1	—	16	—	—	—	5	1	—	—	45	21	4	102	383	
Hillsborough Rural	—	12	—	—	6	—	1	1	5	1	—	14	1	12	—	—	—	16	—	—	—	25	7	3	104	356	
Kilkeel Rural	—	1	—	—	2	—	—	1	1	1	—	12	—	—	—	—	—	10	—	—	—	—	7	2	24	84	
Moirs Rural	—	9	—	—	—	—	—	—	—	—	—	12	—	155	—	1	—	13	—	—	—	20	3	2	215	166	
Newry No. 1 Rural	—	3	—	—	2	—	1	—	—	—	—	9	—	125	1	—	—	3	—	—	—	—	3	1	147	146	
North Down Rural	—	—	—	2	12	—	1	—	2	—	—	2	—	36	—	—	1	8	—	—	—	49	4	2	119	544	
Rural Totals	—	43	1	4	46	1	5	3	16	2	—	63	1	517	3	3	2	82	1	—	—	220	72	22	1,107	2,469	
Gross Totals	—	46	1	5	73	1	6	7	26	3	1	77	1	622	5	3	3	90	1	—	1	235	125	33	1,365	—	
Gross Totals—1957	3	77	1	7	39	1	7	1	41	11	—	70	6	2,438	46	3	3	207	—	1	—	61	163	26	—	3,212	

Only the first case of measles or whooping cough in a household is notifiable, unless a period of two months intervenes in the case of the former disease and three months in the case of the latter.

INFECTIOUS DISEASES

Table 64 is a classified summary of the confirmed cases of infectious diseases notified during the year. The table does not include certain compulsorily notifiable diseases in relation to which no confirmed cases occurred during this or the previous year, namely, Diphtheria, Malaria, Ophthalmia Neonatorum, Psittacosis, Relapsing Fever, Trachoma, Undulant Fever, Cholera, Plague, Smallpox, Typhus, and Yellow Fever.

The incidence of infectious disease in the County was much lower than during any previous year since notifications became notifiable direct to the Divisional Medical Officers of Health in 1948, as will be seen from the following totals of notifications for each year since 1949 :—

1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
3,293	3,428	3,218	2,277	2,608	2,481	3,826	1,937	3,212	1,365

In comparison with the figures for the previous year most of the categories of infectious diseases showed decreases of varying proportion, those with decreases of most significance being Measles, Scarlet Fever, Poliomyelitis, Acute Influenzal and Acute Primary Pneumonia and Tuberculosis, while of those showing increases only Whooping Cough and Dysentery were of particular note. Of the total of 1,365 cases notified 622 or 45.6 per cent. were in respect of Measles, 235 or 17.2 per cent. were in respect of Whooping Cough, 158 or 11.6 per cent. were in respect of Tuberculosis and 90 notifications or 6.6 per cent. were in respect of Scarlet Fever, these four categories together accounting for 1,105 notifications or 81.0 per cent. of the total cases notified.

There were no widespread epidemics during the year.

Acute Influenzal and Acute Primary Pneumonia :

Forty-six cases of Acute Influenzal and Acute Primary Pneumonia were notified during the year in comparison with a total of 77 cases for the previous year. 24 of the cases occurred during the first quarter of the year, 14 in the second quarter and 4 in each of the third and fourth quarters. The number of deaths assigned to Influenza and Pneumonia during the year was 11 and 111 in comparison with totals of 28 and 93 for the previous year. In a previous section of this report I have referred to a much reduced mortality from Pneumonia among the lower age groups during the year and a higher mortality rate from this cause among the elderly. The majority of the deaths from Pneumonia occurred in the first and second quarters in which the respective registrations were 37 and 35.

Anthrax :

One case of this disease occurred, the patient, an employee in a Tannery, making an uneventful recovery.

Cerebro-Spinal Fever :

5 cases of this disease were notified in comparison with totals of 13, 8, 10 and 7 for 1954, 1955, 1956 and 1957 respectively.

Diphtheria :

This is the seventh successive year in which no cases of Diphtheria occurred. (For Immunisation against Diphtheria see Section commencing on Page 43 of this report.).

Dysentery :

73 cases of varying type were notified during the year in comparison with totals of 46, 130, 31 and 39 for the years 1954, 1955, 1956 and 1957 respectively. Some 33 of the cases notified were sporadic and unrelated to any other known cases. In five instances outbreaks occurred in the home environment involving more than one member of the same family, the total number of persons affected in these being 18, while in five instances outbreaks occurred in institutions each involving more than one person, the total number of persons affected in these being 22. No deaths attributable to dysentery occurred.

Encephalitis Lethargica :

One case of this disease occurred, the patient, a boy aged 10 years, making a good recovery.

Food Poisoning :

7 cases of Food Poisoning were notified in comparison with totals of 11, 8, 4 and 1 for 1954, 1955, 1956 and 1957 respectively. The cases were sporadic and unrelated. The number of cases notified however bears little relationship to the actual number which occur, as General Practitioners generally call upon the assistance of the Public Health Department only when they discover a number of cases simultaneously.

Gastro Enteritis (up to 2 years of age only) :

It is very gratifying to report that the figure of 26 notifications for the year under review represents a greatly reduced incidence of this disease the control of which is distinctly related to the Child Health Services. The following are comparative figures of notifications and deaths since 1949 from which it will be noted that the mortality from Gastro Enteritis has remained at a low level during the last four years :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of cases	54	45	47	39	58	48	42	43	41	26
No. of deaths	12	8	6	8	11	9	3	4	4	3

Glandular Fever :

Notifications of this disease, 3, represent a much lower incidence in comparison with 1956 and 1957 in which years the respective notifications were 17 and 11.

Infectious Hepatitis :

77 cases of Infectious Hepatitis were notified representing the continuation of the relatively low incidence rate over the previous seven years in comparison with the incidence of this disease recorded up to 1950.

Leptospiiral Jaundice :

Only 1 case of this disease occurred in comparison with the annual total of 6 cases common to most of the previous years.

Measles :

As in previous years Measles had the highest incidence rate of all notifiable infectious diseases. From the following comparative returns of the disease since 1949 it will be seen that it's relative incidence was, however, very low during the year :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of cases	1,189	1,404	1,759	959	1,298	1,426	2,223	498	2,438	622
No. of Deaths	1	2	2	—	—	—	1	1	—	—

The disease was mainly prevalent in the southern and western areas of the County with an almost level rate of incidence in those areas throughout the year.

Poliomyelitis :

5 cases of Poliomyelitis, all paralytic, were notified during the year, four of which related to children—one aged 11 months, two aged 6 years and one aged 14 years—and the remaining one to an adult aged 30 years.

No deaths occurred among the four cases affecting children, but two of these had received anti-poliomyelitis vaccination. The only death attributable to poliomyelitis related to the single case of the disease in adults.

The following are comparative figures of the number of cases of Poliomyelitis which occurred in the County and the related deaths for the past eleven years :

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of cases	1	8	60	16	22	37	9	3	5	46	5
No. of deaths	—	—	5	—	1	2	—	—	—	—	1

For Immunisation against Poliomyelitis see Section commencing on Page 48 of this report.

Puerperal Pyrexia :

See Table 40 and comments on Page 42 of this report.

Rheumatic Fever :

3 cases of this disease were notified during the year in comparison with totals of 9, 8, and 3 for 1955, 1956, and 1957 respectively. Deaths registered as due to Rheumatic Fever totalled 3.

Scarlet Fever :

A total of 90 cases of Scarlet Fever occurred during the year under review, the incidence rate being by far the lowest recorded during the past eleven years. In general the cases were sporadic and in no instance was there local incidence of import. This disease presented the mildness so characteristic of it in recent years, there being no resultant deaths and no untoward complications reported in any case.

Typhoid Fever and Paratyphoid Fever :

One case of Typhoid Fever was notified.
No cases of Paratyphoid Fever occurred.

Whooping Cough :

235 cases of Whooping Cough were notified during the year, the incidence being very much greater than in the previous year, in which the record low total of 61 cases was recorded, though lower than in any other year since 1949, as will be seen from the following returns :

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of cases	675	462	426	631	479	298	758	798	61	235
No. of deaths	3	5	4	2	1	2	3	2	—	—

During the first quarter of the year the County was virtually free from Whooping Cough only one case being notified in that quarter, but it's incidence increased with the passage of the year, notifications for the second, third and fourth quarters reading 41, 73 and 120 respectively.

It is gratifying to report that this is the second successive year in which no deaths from Whooping Cough have occurred but apart from this welcome position with regard to mortality, there still remains the dangerous fact that the level of immunisation against the disease is still far too low.

For Immunisation against Whooping Cough see Section commencing on Page 46 of this report.

Tuberculosis :

During 1958 notifications of Tuberculosis required under statute to be submitted to the Northern Ireland Tuberculosis Authority, the body primarily responsible for preventive, treatment and curative measures in relation to this disease. The Committee's statutory functions, however, embrace responsibility for the prevention of disease and the prevention of the spread of infection, and in fulfilment of this responsibility close liaison was maintained with the Northern Ireland Tuberculosis Authority. The latter body notified to the Health Department all cases occurring within the County and any subsequent change of circumstances to allow preventive measures to be taken. Practical assistance in the nursing care of tuberculous patients was provided on an agency basis under the Committee's Home Nursing Service on behalf of the Tuberculosis Authority and the Committee's Medical Officers combined, on a similar basis, with their preventive functions under the School Health and Child Health Services, the important duty of BCG Vaccination against Tuberculosis.

At the time of compilation of this report legislation is in the course of introduction whereby the Northern Ireland Tuberculosis Authority will be dissolved and certain of its functions, including some of those mentioned above, will become the direct statutory responsibility of the Health Committee.

Table 64 includes the notifications of Tuberculosis in the County during the year according to local areas, while the following are comparative figures of total notifications over the past eleven years together with the number of deaths registered :

Year	Pulmonary		Non-Pulmonary		Total	
	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths
1948	366	125	76	33	442	158
1949	323	88	50	27	373	115
1950	229	71	51	21	280	92
1951	250	84	50	23	300	107
1952	231	55	51	16	282	71
1953	210	46	36	10	246	56
1954	248	34	54	15	302	49
1955	193	31	37	6	230	37
1956	186	22	31	5	217	27
1957	163	28	26	3	189	31
1958	125	29	33	6	158	35

The total number of notifications of Tuberculosis, 158, is the lowest recorded in the County and is 35.7 per cent. of the total reported for 1948. Cases of Pulmonary Tuberculosis are lower by 38 than the total for 1957, the figure of 125 cases being the lowest recorded during the past eleven years in which the incidence of this disease has shown an almost continuous decline. Cases of Non-Pulmonary Tuberculosis are higher by 7 than the total for 1957 but continue to show a low rate of incidence in comparison with the returns up to 1954.

Deaths attributed to Tuberculosis, 35, represent 22.1 per cent. of the total of 158 that occurred in 1948, following which and up to 1956 almost continuous annual decreases were noted ; the record low total of 27 deaths being registered in 1956, since when there has been an unfavourable trend, successive increases of 4 having occurred in each of the years 1957 and 1958.

The death rate from Tuberculosis is 0.14 per 1,000 population in comparison with a rate of 0.12 for 1957 and 0.68 for 1948.

PUBLIC HEALTH NURSING SERVICES

These Services continued to operate efficiently throughout the County, and were extended to include the initiation of the follow-up by Health Visitors of patients discharged from Downshire Mental Hospital. Six of the Committee's Health Visitors, who completed a Refresher Course in Mental Health at Downshire Hospital, attend a weekly case conference there. In this way they are becoming more familiar with the causes of mental illness and are able to discuss with the Psychiatrists the patients whom they are visiting at home. Also an out-patient clinic at Ards Hospital for these patients is attended by two of the six Health Visitors who are thus able to report back to the Psychiatrist the results of their home visiting. In addition the Health Visitors are able to contribute much valuable information regarding patients' home background, especially regarding newly-admitted patients who are under observation.

This service was commenced in October after a considerable amount of preliminary consideration and discussion and I hope to be able to comment upon the results obtained in my next Annual Report.

DOMICILIARY MIDWIFERY SERVICE

Number of Midwives in practice under the Scheme at the end of 1958—

Midwives employed by Committee as whole-time Midwives	.....	.....	.....	24
District Nurse/Midwives	.....	.....	.....	33
				—
				57

In addition eleven District Nurses carry out relief midwifery duties.

Analgesia :

At the end of 1958 there were 60 members of the Nursing and Midwifery Staff qualified to administer gas/air analgesia and of this number 50 were in actual practice in one or the other of the above-mentioned categories.

The number of gas/air machines in use in the County was 41 at the end of 1958.

Refresher Courses :

During the year six Midwives attended a Full-time Residential Refresher Course organised by the Royal College of Midwives in Belfast. This course lasted a week and was approved by the Ministry of Health, the Joint Nursing and Midwives' Council for Northern Ireland and the Central Midwives' Board.

Taking of Blood Samples by Midwives :

This service is now well established in the County and, whilst some General Practitioners still prefer to take blood samples themselves, in the greater majority of cases the samples are taken by the Midwives and District Nurse/Midwives. The value of this service to expectant mothers and the extent to which it is used have fully justified the Committee's decision to introduce it.

Bangor Ante-Natal Clinic—Physiotherapy Sessions :

These sessions continue to be held twice weekly, Mrs. P. Ferguson, M.C.S.P., attending at each session in the Clinic, Central Avenue, Bangor.

INVESTIGATION INTO CAUSES OF STILL BIRTHS AND NEO-NATAL DEATHS

All reports of Still Births and Neo-Natal Deaths are investigated and detailed enquiries are made into those at which Down Midwives or District Nurse/Midwives were in attendance. Where a subsequent booking is received, details of the former pregnancy and confinement are sent to the Divisional Medical Officer requesting him to ask the Midwife to visit and carry out ante-natal care bearing the previous history in mind with a view to preventing a similar occurrence.

INVESTIGATIONS INTO MATERNAL MORTALITY

The arrangements made for carrying out investigations into maternal mortality as reported in my Annual Report for 1957 continue to operate.

Transport :

At the end of 1958 all Midwives with the exception of one were using cars for carrying out their duties and were being paid an annual allowance.

HOME NURSING SERVICE

Staff at end the of 1957—

District Nurses	.....	.....	.....	.....	.....	.....	.....	19
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	.....	33
								—
								52

Staff at the end of 1958—

District Nurses	.....	.....	.....	.....	.....	.....	.....	19
District Nurse/Midwives	.....	.....	.....	.....	.....	.....	.....	33
								—
								52

Hospital Discharges :

The number of cases referred from the various hospitals for follow-up domiciliary treatment during the year were—

Medical	.....	.....	.....	.....	.....	.....	.....	365
Surgical	.....	.....	.....	.....	.....	.....	.....	418
Tuberculosis	.....	.....	.....	.....	.....	.....	.....	37
Puerperium nursings	.....	.....	.....	.....	.....	.....	.....	176
								—
TOTAL	.....	.....	.....	.....	.....	.....	.....	996

District Training :

The number of District Nurses and District Nurse/Midwives holding the District Training Certificate of the Queen's Institute is 40.

Combined Course in District Nursing and Midwifery for District Nurse/Midwives :

It has now been arranged between the Royal College of Nursing and the Royal College of Midwives for a Course to be held early in 1959. The two parts of the Course will run consecutively, the midwifery part being residential and the nursing part non-residential.

Care of the Aged :

This part of the work of the district nursing service continues to expand and the nurses are taking considerable care to see that those patients who are able to use them with advantage are supplied with various types of walking aids. All other possible care such as assisting these old people out of bed, washing, dressing etc. is given.

HEALTH VISITING AND SCHOOL NURSING SERVICE

Staff :

The total number of Health Visitors on the staff at 31/12/57 was 37.

(Approved establishment 39)

The total number of Health Visitors on the staff at 31/12/58 was—

Qualified	.....	.....	.....	.....	.....	.....	.....	36
Unqualified	.....	.....	.....	.....	.....	.....	.....	3
								—
								39

(Approved establishment 39)

In my Annual Report for the year 1957, I mentioned the difficulties which were being experienced in the training of Health Visitors in Northern Ireland, I am happy to report that during 1958—due to an energetic and far-seeing policy on the part of the Royal College of Nursing (Northern Ireland Committee), and sympathetic and practical agreement on behalf of the Ministry of Health and Local Government and the Association of Health Committees—it has been possible for the Royal College of Nursing to send a Health Visitor to London to take the Health Visitor Tutor's Training Course. By this means it is hoped that a Health Visitor Training Course can be held annually until a sufficient number of qualified Health Visitors are available to fill, not only the present vacancies, but to bring the total establishment up to the level recommended in the Working Party Report on the Field of Work, Training and Recruitment of Health Visitors. For this purpose the Committee may now recruit trained nurses who are anxious to take the Health Visitors' Certificate and who are considered suitable. These nurses would then be under contract to the Committee after they have completed their training course and obtained the Health Visitors' Certificate. It is hoped that two unqualified Health Visitors on the Committee's staff may be seconded to take the Course in 1959-60.

Special Diets :

In Division III and V this service continues to be supervised by a Specialist Health Visitor and the Out-Patient Clinic for diabetics commenced in Downe Hospital at the end of last year has proved of great benefit to the diabetic patients living in and around Downpatrick.

Ards and Bangor Hospitals :

Towards the end of 1957, arrangements were made, due to a request from Dr. J. M. Barber, Consultant Physician at Ards and Bangor Hospitals for the Divisional Nursing Officers in Divisions I and II to attend his Out-patient Clinics. From these, follow-up visits were paid to patients requiring help at home with diabetic and other special diets to enable reports to be submitted to Dr. Barber on home conditions and other problems. This service has proved extremely useful in these areas. In two instances patients, who were taken suddenly critically ill at home and who were too ill to be removed to hospital, were given continual nursing care at home until they recovered sufficiently for a safe removal to hospital.

Refresher Courses :

Six Health Visitors attended a Refresher Course run by the Royal College of Nursing in Belfast from 15th-26th September, 1958.

Health of Staff :

As in previous years arrangements were made with the Northern Ireland Tuberculosis Authority for all nursing staff to attend the Mass Radiography Centre or one of the Mobile Mass Radiography Units.

Anti-Poliomyelitis Survey :

During the year under review a survey of all families where there were children up to school-leaving age was made by every Health Visitor. This survey was part of an energetic campaign and had three objects in view—

- (1) To interview at least one parent in every family in the County where there were children of any age, and to inform them about the arrangements for anti-poliomyelitis vaccination.
- (2) To obtain the consent of the parent to the children being vaccinated against poliomyelitis.
- (3) To record any refusals to have their children protected and the reasons given for such refusals.

In addition to the work already mentioned the Health Visitors attended all anti-poliomyelitis sessions and were responsible, to a large extent, for making the appointments for these sessions and writing up record and treatment cards in relation to this campaign. Although extra clerical staff was recruited temporarily to assist in keeping records of the campaign, a great deal of the work in this respect was done by the Health Visitors, and inevitably their routine work suffered. Without their invaluable and whole-hearted support this campaign could not have been the outstanding success which it was.

Child Health and Welfare Clinics :

At the end of the year there were 64 clinics in operation in the County.

<i>Division I</i>	<i>Division II</i>	<i>Division III</i>
Ballyholme	Ballydrain	Boardmills
Bangor	Ballygowan	Castlereagh
Crawfordsburn	Ballyhalbert	Carryduff
Donaghadee	Ballywalter	(commenced 11.3.58)
Groomsport	Carrowdore	Cregagh
Helen's Bay	Cloughey	Dromara
(commenced 9.1.58)	Comber	Drumbo
Millisle	Greyabbey	Dundonald
	Kircubbin	Gilnahirk
	Lisbarnet	Hillsborough
	Moneyrea	Holywood
	Newtownards	Legacurry
	Portaferry	Maze
	Portavogie	Newtownbreda
		Holywood (Palace Barracks)
		Saintfield
<i>Division IV</i>	<i>Division V</i>	<i>Division VI</i>
Banbridge	Ardglass	Annalong
Donacloney	Ballykinlar	Ballyveamore
Dromore	Ballynahinch	(commenced 25.9.58)
Gilford	Crossgar	Hilltown
Laurencetown	Darragh Cross	Kilkeel
Maralin	Downpatrick	Newcastle
Moirá	Drumaness	Newry
	Dundrum	Rathfriland
	Killinchy	Rostrevor
	Killough	Warrenpoint
	Killyleagh	
	Strangford	

During the year three new clinics were opened. As in previous instances, in the case of Helen's Bay, this was done following public demand. In Carryduff the mobile unit was being used, and was found to be inadequate for the numbers attending. Fortunately a new Church Hall became available and the Committee now have the use of this Hall on a sessional basis twice monthly.

At Ballyveamore the mobile unit was being used at infrequent intervals, but the time available was not sufficient to deal with the numbers attending. When a Church Hall became available for sessions to be held there, a static clinic was opened in September 1958. The attendance at this clinic has been very gratifying.

Extra sessions had to be held at Newtownbreda owing to large numbers attending—a weekly session now being held. In Holywood two weekly afternoon sessions were arranged instead of one morning and afternoon as formerly. This change has proved very satisfactory.

Killyleagh Clinic :

A new clinic is being erected in Killyleagh and it is hoped that it will be ready for use early in 1959. This is the first of a series of clinics which the Committee intend to build in accordance with their proposals to erect suitable smaller premises than divisional clinics in towns with a population which would justify such an undertaking.

Mobile Clinic :

The Mobile Clinic continues to function with great success in rural areas, and the possibility of using a second unit with the closure of some static clinics in the more thinly populated areas is now under consideration.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Future of the Voluntary Care and After-care Committees :

The six Divisional Voluntary Care and After-care Committees gave much thought during the year as to how the services in each Division should be developed or modified, and the Co-ordinating Committee meeting three times during the year endeavoured to consolidate the recommendations of the six Committees so that a report might be prepared which could be incorporated by the Health Committee in its proposals to the Ministry of Health and Local Government for services to be provided to 1961. The recommendation from the six Committees was that their work should continue according to the pattern established over the past nine years.

The six Divisional Voluntary Care and After-care Committee bring together in each area organisations and individuals particularly interested in prevention of illness, in the care of the sick and in helping those who have been ill to regain health. A recent social study of old people undertaken by the University of Manchester and the neighbouring Local Authorities has shown that the existing services of the Health and Welfare Departments gave most assistance at the point of break-down which might have been avoided if the services had been used earlier.

The Divisional Voluntary Care and After-care Committees ensure that in each small country district throughout the County there is an accessible representative fully informed of available services and keeping the neighbourhood also informed of them. Monthly meetings of these Committees attended by members of the Statutory Authorities as well as by representatives of so many voluntary bodies improve co-ordination amongst the various agencies, and this means that the Health and Welfare Services are available at the earliest possible time.

Examination of the year's activities of the six Committees has brought out their interest in bettering co-ordination between voluntary and statutory bodies ; in strengthening co-operation for the improvement of patient care, and, wherever possible, in bridging the gaps in the existing Statutory Health and Welfare Services.

Co-operation with the National Assistance Board for provision of special diets continued to occupy the attention of members at most meetings. The scheme is now working smoothly, and the Committees are very grateful to the Board's Area Officers for the understanding way difficulties have been met and for their attendance at meetings in some areas. There were many points at which it was not easy to reach agreement. To begin with, there was the costing of the diet and an estimation of the supplement required to maintain a special diet by each individual applicant (Table 68). The fact that the Voluntary Committees gave help in kind only, made it easier for them to feel satisfied that the patient would get the full benefit of the supplement towards the special diet than it was for the Assistance Board which gave a weekly cash supplement. Then there were always the few in receipt of disability pensions or allowances from, for example, the National Society for Cancer Relief. Such special increments were disregarded by the Board when assessment of income was made, but were taken into account when estimating what resources were available to meet special needs. Some of the Voluntary Committees have now opened accounts into which money solely derived from voluntary sources is paid, so that on occasion help can be given to those who are not eligible for National Assistance and, in the case of special diets, to those who require help for longer than six weeks. There has been a decrease of £330 in expenditure on special diets this year because of the work now undertaken by the National Assistance Board.

Prevention of Hospitalisation :

Co-operation with the hospitals over the whole field of after-care has improved. The Voluntary Committees have been grateful for the loan of special items of equipment which they have been able to try out in the patient's home before deciding whether or not to buy the article. Beds with special adaptations and walking aids have been made use of under this arrangement.

The opening of new diabetic extern clinics at the local hospitals of Bangor, Newtownards, Downpatrick, Mourne and Newry, attended by the Health Committee's nursing officers has shown how much patient care can be improved by a closer relationship between the Health Department and the hospital, and by better liaison between home, hospital and general practitioner made possible by fuller use of the services of the Health Visitor. Close contact by the Health Visitor and the District Nurse with the Divisional Voluntary Care and After-care Committee makes it possible to obtain additional aids for home-care of the patient without any delay. The appointment of an almoner for the Newtownards and Bangor Hospitals has greatly facilitated making proper arrangements for hospital after-care in that area, and it is hoped that this appointment will be followed by similar appointments in the other district hospitals.

Co-operation with the Education Committee :

The County Education Committee was willing to arrange that children requiring to maintain special diets (coeliacs and diabetics) were able to have the school meals especially modified to fit in with their diet charts. This has meant that these children are now able to have a hot mid-day meal at school. Needs of children requiring special diets in the residential schools have been carefully attended to, and liaison maintained with the Voluntary Committees so that special foods, such as gluten free bread, could be continued during the holidays.

Reimbursement for footwear provided by the Care and After-care Committees for school children suffering from minor orthopaedic defects has also been made by the Education Committee. In most cases simple wedges prescribed by the orthopaedic surgeons are fitted to ordinary footwear of good quality, but because such children wear their shoes out quickly, help has occasionally been given by the Voluntary Committees to buy an extra pair of good shoes in order to ensure that the advice of the orthopaedic surgeon is carried out, and that the shoes are maintained in the prescribed order.

National Voluntary Organisations :

Help given by national associations with local branches, such as the British Red Cross, St. John Ambulance Brigade and the National Association for the Prevention of Tuberculosis has been much appreciated. These Associations are all represented on the Divisional Voluntary Care and After-care Committees. Co-operation with national bodies, such as the National Society for Cancer Relief and the Marie Curie Fund, has been strengthened during the year, and much thanks is due to them for the help given in providing more satisfactory home care for the patient suffering from cancer. Payments of grants by the National Society for Cancer Relief are now made direct to the honorary treasurers of each of the six Voluntary Care and After-care Committees for patients in the respective Divisional area, and recommendations for grant for non-hospital patients are made direct from the Divisional Officers to London.

Settlement of Nursing Societies' Funds :

The affairs of two Nursing Societies—those of Moira, Dollingstown, Maralin and of Holywood—have been settled during the year. The Moira and District Society transferred all residue funds to the Division 4 (Banbridge) Voluntary Care and After-care Committee whilst Holywood formed a local representative Committee with the Clerk of the Urban District acting as honorary secretary. All residents of the Holywood district requiring special services under care and after-care are referred to the Holywood Committee when their needs have been assessed. This Committee also has made a grant to the Division 3 Voluntary Care and After-care Committee as a recognition of the work done by the Divisional Committee.

The Division 1 Voluntary Care and After-care Committee went through a rather difficult period, following which the Committee was reconstituted and Donaghadee is at present in process of forming a local committee on the lines of the Holywood Committee. It gave considerable help with the Camp for Diabetic Children which was held in Bangor in July.

New Services :

Chiropody appears in the list of services provided by the Divisional Voluntary Care and After-care Committees this year for the first time and it is expected that there will be a development of care and after-care for those suffering from tuberculosis, the Committees having prepared to include this work amongst the services to be provided, although the administrative changes resulting from the winding-up of the Tuberculosis Authority have not yet been worked out in detail.

TABLE 65—SERVICES PROVIDED BY THE SIX VOLUNTARY CARE AND AFTER CARE COMMITTEES

Division	Loan of Home Nursing Equipment		Home Visiting by members of Voluntary committees	Assistance with Diets			Transport			Convalescence			Coal.	Shoes for Children with Orthopaedic Defects.	Clothing	Bedding	Chitropody	Re-Housing.	Re-Employment.	Referred to Other Organisations	
	No. of Items Loaned	Loan Charges		Ex. Hospital	Other	Medical Foods	To Special Clinics	Visiting in Hospital	Polio Swimming	Adult	Child	Diabetic Holiday Camp								National Assistance Board	Other
1	148	£7 14 0	6	4	5	1	—	1	—	—	—	—	2	1	1	7	—	—	—	11	—
2	157	13 0 0	2	11	5	6	—	1	—	—	1	—	—	1	3	2	—	1	—	18	3
3	141	2 17 0	4	18	9	3	—	—	—	—	—	—	—	—	—	9	4	2	1	20	3
4	183	2 9 6	3	2	6	—	1	—	—	—	5	—	—	—	3	4	1	—	—	8	1
5	181	3 0 6	2	4	18	—	—	—	1 Weekly to Baths.	—	—	1	—	—	3	6	—	—	—	20	4
6	300	15 15 6	2	21	10 35 O.A.P. Xmas Parcels	1	—	—	—	—	—	—	—	—	—	—	—	—	—	22	2
TOTALS	1,110	44 16 6	19	60	88	11	1	2	1	4	7	1	2	2	10	28	5	3	1	99	13
					159																

TABLE 66—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
Combined Receipts and Payments Account 1958-59

DR.		CR.	
To Balance — Division 1	£175 3 9	By Purchase of Equipment	£311 0 0
" 2	181 13 3	" Special Diets	248 5 6
" 3	266 3 6	" Convalescence	53 11 3
" 4	126 4 10	" Repairs to Equipment	7 8 4
" 5	191 15 5	" Payments from Marie Curie Memorial Fund	26 13 2
" 6	257 7 6	" Payments from National Society for Cancer Relief	172 1 9
		" Refund of Grant from National Society for Cancer Relief	4 13 6
Grants and Donations :		" Entertainment of Diabetic Children	3 17 6
Down County Health Committee	250 0 0	" Donaghadee Fund	58 9 3
Down County Education Committee (Re-		" Purchase of Bedding (Divs. 1, 4 and 5)	26 14 0
imbursement of Shoes for School Child-		" Purchase of Coal (Divs. 1 and 3)	16 17 10
ren)	4 9 6	" Final Payment to Mrs. Murphy (Portaferry)	7 4 2
		" Transport	8 16 10
District Nursing Associations :	£254 9 6	" Meetings Expenses	0 8 1
Hillsborough		" Conference Fee	1 1 0
Holywood	52 9 0	" Purchase of 3½% War Stock (Maralin & Moira)	207 5 9
Banbridge	15 0 0	" Car Service to Polio Swimming Classes (Div. 5)	15 10 4
Dromore	40 0 0	" Caretaker's Expenses	2 0 0
Maralin & Moira	25 0 0	" Printing and Advertising	27 3 2
Newcastle Sub-Committee	200 0 0	" Postages and Telephone	27 12 0
		" Hon. Treasurer's Expenses (Div. 6)	1 19 8
Women's Institutes :	25 0 0	" Bank Charges	8 13 10
Cregagh	5 5 0		£1,237 6 11
Mealough	3 0 0		
		" Balances — Division 1	143 0 10
National Society for Cancer Relief	154 3 9	" 2	218 13 10
Marie Curie Memorial Fund	52 15 0	" 3	328 11 10
Lord Deramore	2 0 0	" 4	118 1 6
Mr. McCaughan	1 10 0	" 5	139 15 3
Mrs. Woods	1 10 0	" 6	157 1 8
Value of Mattress from Banbridge Hospital	0 7 4		1,105 4 11
Proceeds of Cake Stall (Div. 6)	36 17 6		
Miscellaneous	7 14 0		
	256 17 7		
Transfer from No. 2 Account (Giltford Fund)	877 1 1		
for Purchase of Equipment	3 15 6		
Loan Charges on Equipment	44 16 6		
Bank Interest and Interests on Investments	218 10 6		
	£2,342 11 10		£2,342 11 10

TABLE 67—DIVISIONAL VOLUNTARY CARE AND AFTER-CARE COMMITTEES
Investment Accounts—From District Nursing Association Funds

DR.	DIVISION 1.			(BANGOR)	CR.
To Balance at 1st April 1958 (Donaghadee Account)	£382	6	0		
" General Account	58	9	3	By Transfer to Donaghadee Trustees	£440 15 3
			£440 15 3		£440 15 3
(NEWTOWNARDS)					
To Balance at 1st April, 1958	£4,426	4	10		
" Bank Interest	154	18	6	By Transfer to General Account	£154 18 6
				" Balance at 31st March 1959—3½% War Stock	4,426 4 10
			£4,581 3 4		£ 4,581 3 4
(CASTLEREAGH)					
To Balance at 1st Jan., 1958 (Newtownbreda & Edenderry account)	£152	8	1		
" Bank Interest	3	6	0	By Transfer to General Account	£9 17 4
				" Balance at 31st December 1958	145 16 9
To Interest on £261 11s. 6d.—3½% War Stock (Hillsborough Account) 1st Dec. 1956—1st June 1958	£155	14	1	By Transfer to General Account	£155 14 1
	£18	6	4		£18 6 4
			£18 6 4		£18 6 4
(BANBRIDGE)					
To Interest on £300—3½% War Stock (Maralin, Moira and Dollingstown)	£5	5	0	By Transfer to General Fund	£5 5 0
To Balance at 1st March 1958 (Gilford Account)	£145	17	8	By Purchase of Equipment	£4 3 0
" Bank Interest	2	12	2	" Special Diets	3 11 9
				" Transfer to General Fund	3 15 6
			£148 9 10	" Balance at 31st January 1959	136 19 7
					£148 9 10
(DOWNPATRICK)					
To Balance at 1st April, 1958	£446	4	3	By Special Diets	£17 2 9
" Ballots	33	5	0	" Clothing	2 5 0
" Subscriptions	2	0	0	" Film Hire	1 0 0
" Bank Interest	0	6	0	" Balance at 31st March 1959	461 7 6
			£481 15 3		£481 15 3
(NEWRY)					
To Balance at 1st April 1958, £191 1s. 0d.—3½% War Stock	£135	0	0	By Transfer to General Account	£6 13 8
" Bank Interest	6	13	8	" Balance at 31st March 1959	135 0 0
			£141 13 8		£141 13 8

TABLE 68.—COSTING OF SPECIAL DIETS : Supplementation given by the Voluntary Care and After Care Committees calculated by subtracting the sum required for a basic subsistence or human needs diet within reach of the Old Age Pensioner, those on health insurance and those on national assistance, from the cost of the special diet.

(a) Minimum weekly expenditure on food for one person according to various authorities :

1.	2.	3.	4.	5.
Oxford Bureau of Statistical Research September 1958	Survey undertaken by Dept. of Social Studies, Queen's University, Belfast. 1957.	Ministry of Labour Report of Enquiry into Household Expenditure. 1954.	Various Hospital Dietitians. Checked by costing of items in the diets, by Health Department Staff. 1958	National Food Survey Committee. July, 1958
Basic human needs 14s. 1½d. but single person living alone—19s. 0d. to £1.	17s. 7½d. Man. 14s. 7d. Woman. basic subsistence.	17s. 0d. in Northern Ireland for wage earning group of £6 per week, but average estimated expenditure £1 0s. 6d.	£1 6s. 0d.	£1 7s. 3d.

(b) Minimum weekly expenditure on special diets :

Category of Diets	1. Diabetic		2. Coeliac (Children)	3. Gastric		4. Reduction	5. High Protein	6. Malnutrition
	(a) 2,240 Calories	(b) 1,500 Calories		II	III			
Minimum amount required to maintain diet.	£ s. d. 2 2 10½	£ s. d. 1 15 3½	£ s. d. 1 15 3½	£ s. d. 1 9 5½	£ s. d. 2 0 0	£ s. d. 1 10 0	£ s. d. 1 11 5½	£ s. d. 2 0 0
Amount of Grant required to assist in maintaining special diet, i.e. minimum amount stated in relevant column above less a standard amount of £1 6s. 0d. as shown in Part (a) 4 accepted as being the minimum amount of weekly expenditure on food.	s. d. 16 10½	s. d. 9 3½	s. d. 9 3½	s. d. 3 5½	s. d. 14 0	s. d. 4 0	s. d. 5 5½	s. d. 14 0

DENTAL SERVICES

(The following report on the Committee's Dental Services has been submitted to me by the County Dental Officer—Mr. W. McCarthy, L.D.S.).

In presenting my Annual Report on the Dental Services of the County for the year ended 31st December, 1958, it is regretted that due to shortage of staff, the problem of providing an adequate Dental Service for the priority classes of patients, for whom the Health Committee is responsible, still remains unsolved and is likely to remain so for some years to come. With the continued upward trend in the school population, the unwise eating of confectionery and mid morning snacks of sugar and sticky foods by school children, the problem of controlling the ravages of dental caries is indeed a formidable one.

The Health Committee, whilst realising the difficulties to be met with, at the same time expressed their concern at the lapse of time between the visits paid by the dental officers to children attending schools in rural areas. As a result of this and following consultations between members of the County Health Committee, the County Medical Officer of Health, the Secretary and myself in conjunction with a meeting held under the auspices of the Ministry of Health and Local Government at Stormont on 17th November, 1958 a scheme has now been evolved and, whilst it is one which undoubtedly does not solve the staffing problem it is at least hoped that treatment priorities may be afforded to children where it is most urgently required, i.e. those in attendance at rural schools.

Staff :

At the end of the year 1958 there were 9 full-time Dental Officers and 9 full-time Dental Attendants on the staff.

The following appointments were made during the year :—

Miss S. Wallace	— Full-time Assistant Dental Officer to Division 3.
Mr. T. W. Unsworth	— Full-time Assistant Dental Officer to Division 5.
Mrs. E. F. Dalzell	— Full-time Dental Attendant to Division 2.
Miss E. M. Holland	— Full-time Dental Attendant to Division 5.

Clinics :

As in previous years treatment was carried out in two types of clinic :—(a) static ; (b) temporary and the following were operated as such during 1958 :

(a) Static Clinics :

Division 1—Bangor, Donaghadee

„ 2—Newtownards

„ 3—414 Ormeau Road, Belfast, Holywood, Cregagh.

„ 4—Banbridge, Dromore

„ 5—Downpatrick

„ 6—Newry, Newcastle;

(b) Temporary Clinics :

(i) In Child Health and Welfare Clinics and other premises :

Division 1—Nil

„ 2—Ballygowan, Lisbarnett, Greyabbey, Kircubbin, Portaferry.

„ 3—Nil

„ 4—Nil

„ 5—Annsborough Canteen

„ 6—Nil

(ii) In School Premises :

Division 1—Clandeboyne Road

„ 2—Comber Primary, Comber Intermediate, Loughries, Glastry Intermediate.

„ 3—Nil.

„ 4—Magherabeg, Maralin Primary

„ 5—Drumaness Primary, Drumaness Mills Primary, Ballykinlar Camp, Crossgar Primary, Ballymacashon, Killinchy, Castlewellan Primary, Clara.

„ 6—Nil

(iii) Mobile Dental Units :

- Division 1—Ballysallagh, Ballyvester, Conlig, Cottown, Groomsport, Killaughey.
 „ 2—Ardmillan, Ballyboley, Ballycran, Ballyeasboro', Ballygalget, Ballygowan,
 Ballywalter, Carrowdore, Dunover, Grangee, Kirkistown, Moneyrea,
 Portavogie, De La Salle Boys' Home.
 „ 3—Ballylesson, Ballymiscaw, Carr, Charley Memorial, Hillhall, Maze, St.
 James (Hillsborough.)
 „ 4—Nil.
 „ 5—Nil
 „ 6—Ballymartin Boys', Ballymartin Girls', Ballymartin (Victoria), Carrick,
 Cranfield, Drumreagh, Grange, Kilbroney, Mayobridge Boys',
 Mayobridge Girls', Rostrevor Convent.

General Anaesthetics :

These were administered in the following Static Clinics :

- Division 1—Bangor, Donaghadee
 „ 3—Cregagh, Holywood
 „ 4—Banbridge
 „ 6—Newry

A total of 930 general anaesthetics were administered.

Statistical Summaries :

The following tables show the number of (a) mothers and pre-school children and (b) children of school age who were inspected and treated during the year, together with details of the total amount of work done.

(A) Dental Inspection and Treatment of Mothers and Young Children.

Number of clinic sessions for mothers and/or young children held during the

year	20
------------	----

Patients dealt with under Health Authority arrangements—

(i) Expectant and Nursing Mothers—

(a) Number dentally inspected	161
(b) Number found to require treatment	159
(c) Number of mothers actually treated under Health Authority Scheme	148
(d) Total number of attendances for treatment under Health Authority Scheme	389
(e) Number of general anaesthetics administered	17
(f) Number of mothers provided with dentures	19

(ii) Young (i.e. pre-school) Children :

(a) Number dentally inspected	220
(b) Number found to require treatment	181
(c) Number actually treated under Health Authority Scheme	186
(d) Total number of attendances for treatment under Health Authority Scheme	291
(e) Number of general anaesthetics administered	111

(B) Dental Inspection and Treatment of School Children :

(a) Number of children on school rolls in area—

(i) participating in Authority Scheme	48,276
(ii) not participating in Authority Scheme	—

(b) Number of Health Authority Dental Clinics in operation at 31st December ;

(i) static	11
(ii) mobile	3
(iii) temporary (e.g. in school Medical Inspection Rooms, etc.)	8

(c) Number of clinic sessions devoted to—

(i) inspection	120
(ii) treatment	3,530

(d) Total number of children dentally inspected during year :

(i) Age Group 5—7 years	} In School	3,063
(ii) Other age groups		7,714
(iii) Children inspected as “Specials”		2,742

Total	13,519
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(e) Number of children found to require treatment	10,060
(f) Number actually treated under Health Authority Scheme	7,710
(g) Total number of attendances under Health Authority Scheme	17,984
(h) Number of general anaesthetics administered	802
(i) Number of children provided under Authority Scheme with—	
(i) Dentures	44
(ii) Orthodontic Appliances	90
Total attendances for Treatment and Amount of Work Done :	
(a) Total attendances for treatment	18,664
(b) Total number of fillings in permanent teeth	13,345
(c) Total number of fillings in temporary teeth	3,695
(d) Total number of extractions—permanent teeth	2,274
(e) Total number of extractions—temporary teeth	7,912
(f) Total number of scalings and other operations	5,351
(g) Total number of attendances for X-ray	4
(h) Total number of patients provided with dentures	63
(i) Total number of orthodontic appliances provided	90
(j) Grand Total :	
(i) Persons inspected	13,900
(ii) Persons treated	8,044

GENERAL REMARKS

Staff :

At the end of the year there were 9 full-time Dental Officers in the employment of the Committee, this being the same as that at the end of the years 1956 and 1957. In Division 4 (Banbridge) there has been no full-time officer in post since 30th September 1958, and, at the time of writing, two vacancies still exist in this area. I am of the opinion that, until such time as better clinic facilities are provided, it may be difficult to induce an officer to serve in this area for any length of time.

During the year the following staff changes took place :

Miss S. Wallace, B.D.S., took up duty as Assistant Dental Officer in Division 3, on 3rd March, 1958, replacing Miss M. Madden, who resigned on 28th February, 1958.

Mr. T. W. Unsworth took up duty as Assistant Dental Officer in Division 5 on 19th May, 1958.

Miss M. E. Fleming, B.D.S., resigned as Assistant Dental Officer in Division 4 on 30th September, 1958.

Mrs. E. Ball resigned her position as Dental Hygienist on 1st April, 1958.

Mrs. E. F. Dalzell took up duty as full-time Dental Attendant in Division 2 on 1st September, 1958, replacing Mrs. J. C. Irvine, who resigned on 30th April, 1958.

Miss E. M. Holland took up duty as full-time Dental Attendant in Division 5 on 28th July, 1958.

Clinics :

Although the number of static and mobile clinics in operation at the end of the year was similar to that at the end of 1957, I must reiterate once again the urgency for better facilities at Banbridge and Newtownards headquarters respectively.

During the year good work was carried out in the three mobile clinics which were in operation and at the time of writing I understand that at least two further mobiles are to be purchased at an early date to augment those already in use. These, when working, should help to ease the problem of children receiving dental treatment who attend schools in rural areas.

One must mention that to ask officers to work in halls or school corridors is not only prejudicial to the child but also to the officer carrying out the dental treatment.

An officer when working in a mobile clinic not only has hygienic surroundings and up-to-date equipment but broken dental appointments are reduced to a minimum and many of the children have the opportunity of returning to their classrooms to proceed with their studies, a situation appreciated by most parents in these days of modern education.

Orthodontics :

During the year 90 orthodontic appliances were fitted and from observations made over the last few years I have noted with interest the great improvement in the facial expression of children who have received this form of treatment.

Although there may be a large number of children in the County who require orthodontic treatment, it is not advisable that it should be given to all and sundry, as only lasting benefit is derived by those whose treatment is followed up by the daily use of the tooth brush.

General Anaesthetics :

There is little to report in this branch of the services during the year and the number of general anaesthetics administered was similar to that of 1957.

At the latter end of the year, arrangements were completed for the holding of a refresher course for six of our medical officers at the Royal Belfast Hospital for Sick Children and amongst those seconded to attend were Dr. McGrath, Division 5, and Dr. Moss, Division 2. When the course is completed, it is hoped to commence the administration of general anaesthetics in these areas at an early date.

Statistical Records :

Although the incidence of dental defects amongst school children inspected during the year remains at the high level of 74.41% it is nevertheless pleasing to report that this represents a drop of 9.72% over that of the previous year.

The condition of the teeth of pre-school children is even more alarming as out of the total number inspected 82.2% had defects.

Co-operation :

Once again I would place on record my appreciation of the co-operation given to me by the dental officers and to express my thanks to the members of the teaching profession who so kindly placed classrooms at the disposal of the officers when carrying out dental inspections.

SANITARY CIRCUMSTANCES

The Sanitary Services in the County may be divided into two main groups—(1) environmental services for which the nineteen Local Authorities in the County are responsible, and which include housing, water supplies, sewerage and sewage disposal ; (2) transferred functions which are the responsibility of the County Health Committee, and which include measures for the prevention of contamination of food, arrangements for meat and food inspection and rodent control.

I am indebted to Mr. A. Reynolds, County Sanitary Officer for the detailed information in this section of the Report, and am also grateful to the Clerks of the various Authorities for their co-operation and help.

HOUSING

The downward trend in the building of new houses in the County, noted in last year's report, continued, as only 1,443 houses were completed and 836 were under construction at 31st December, 1958, as against 1,702 completed and 1,399 under construction at 31st December, 1957.

Apart from the deterrent effect of high costs and interest rates most of the local authorities appear to have been awaiting the completion of their housing surveys before embarking on large scale building, though, as will be seen from the appropriate Tables, a few, including North Down and Downpatrick Rural Councils and Newtownards Borough have continued with their building programme on a fairly large scale. An interesting development is the decision of the Northern Ireland Housing Trust to build multi-storey flats at their Cregagh estate.

During the year the housing surveys carried out under the Housing (Miscellaneous Provisions) and Rent Restriction Law (Amendment) Act, (N.I.) 1956 were completed and the local authorities, after a careful study of these and due deliberation, submitted their proposals to the Ministry. A summary of these, extracted from the return published by the Ministry of Health and Local Government is given in Table 71.

The total number of unfit houses in the County is 17,547 and the greater proportion of these is in the rural districts. Some urban districts, particularly Warrenpoint and Newcastle, have few unfit houses and consequently their burden is light, whilst several rural districts face a tremendous task owing to the large number of unfit houses to be dealt with and new houses required in replacement. Downpatrick Rural district with a total of 8,258 houses has almost 1,500 totally unfit, with 1,225 unfit but repairable. In the County 10,124 houses are unfit but repairable and the Ministry is anxious that energetic action should be taken to secure the repair of these houses. The legislative machinery for the repair of sub-standard houses is contained in Section 30 of the Planning and Housing Act (Northern Ireland) 1931, and Section 110 Public Health (Ireland) Act, 1878, but as has been pointed out in earlier reports, Section 30 of the Planning and Housing Act, has been little used for this purpose. A serious flaw in the 1931 Act is the provision in the Act whereby an owner, on being served with a notice, can give an undertaking that the house will not be used for habitation until it has been rendered fit, and can then have the tenant evicted. Although the tenant has prior claim on the house when it is made fit, there is no time limit within which the owner must do the work. As several cases of hardship have arisen through the operation of the Act, local authorities are, naturally, reluctant to use it.

Suggestions for the development of satellite towns to house the overspill from Belfast were further considered but the City Corporation have not yet decided upon the area to be used.

A number of re-development schemes have been prepared by various local authorities and at the time of writing five public enquiries have been held and Ministry approval given in two cases, the details being :

		Date of Enquiry	Date Approved	Remarks
North Down Rural	Ballywalter No. 1 (12 houses)	27.10.58	5.2.59	Approved with certain amendments.
	Groomsport (6 houses)	27.4.59	—	
	Conlig (85 houses)	19.2.59	—	
Downpatrick Urban	Fountain Street (150 houses)	4.3.59	29.5.59	Approved with certain amendments.
Holywood Urban	Hill Street (158 houses)	23.6.59	—	
	Downshire Road (6 houses)	—	—	

Re-development schemes covering areas in Saintfield, Carryduff and Milltown have been considered by Hillsborough Rural Council, whilst a scheme involving 24 houses in Mill Street has been approved by Newtownards Borough Council.

TABLE 69—HOUSING PROGRESS IN COUNTY DOWN

Local Authority District	Local Authorities			Northern Ireland Housing Trust			Private Enterprise			Totals	
	Completed between 1/6/1944 and 31/12/1958	Completed during 1958	Under construction at 31/12/1958	Completed between 1/6/1944 and 31/12/1958	Completed during 1958	Under construction at 31/12/1958	Completed between 1/6/1944 and 31/12/1958	Completed during 1958	Under construction at 31/12/1958	Completed between 1/6/1944 and 31/12/1958	Completed during 1958
Bangor Borough	132	—	—	562	22	—	1,691	52	31	2,385	74
Donaghadee Urban	6	—	—	106	—	—	58	1	4	170	1
North Down Rural	820	148	78	457	16	—	744	59	58	2,021	223
Newtownards Boro'	252	53	17	658	—	—	94	10	13	1,004	63
Holywood Urban	50	—	—	649	—	—	194	2	1	893	2
Castlereagh Rural	477	16	—	2,175	438	288	3,595	212	83	6,247	666
Hillsborough Rural	478	6	20	57	—	—	1,217	164	109	1,752	170
Barbridge Urban	244	—	—	162	—	—	25	1	1	431	1
Dromore Urban	32	—	—	46	—	—	20	4	—	98	4
Banbridge Rural	327	—	1	59	—	—	160	16	18	546	16
Moir Rural	416	—	—	48	—	—	132	5	12	596	5
Downpatrick Urban	263	6	—	13	—	—	13	1	—	276	7
Downpatrick Rural	581	41	34	360	26	—	369	24	24	1,310	91
Newry Urban	442	—	—	337	—	—	32	—	2	811	—
Newry No. 1 Rural	364	83	—	30	—	—	148	11	16	542	94
Kilkeel Urban	32	—	—	84	—	—	72	6	1	188	6
Kilkeel Rural	360	—	—	32	—	—	179	6	9	571	6
Warrenpoint Urban	113	—	4	64	—	—	26	—	—	203	—
Newcastle Urban	—	—	—	159	—	—	232	14	12	391	14
Grand Totals	5,389	353	154	6,045	502	288	9,001	588	394	20,435	1,443
											836

The figures in the above Table are extracted from the Housing Return for Northern Ireland published by the Ministry of Health and Local Government.

TABLE 70—COUNTY DOWN—1958—HOUSES APPROVED (not started)

	Local Authority	Northern Ireland Housing Trust	Housing Associations Govt Depts, etc.	Private Persons with Subsidy			Private Persons without Subsidy	Total
				For Letting	For Owner Occupation	For Farmers and Farm Workers		
Bangor Borough	—	—	2	—	40	—	9	51
Donaghadee Urban	—	—	—	—	1	—	2	3
North Down Rural	69	—	—	—	45	15	11	140
Newtownards Borough	35	—	—	—	14	—	—	49
Holywood Urban	—	—	—	—	—	—	2	2
Castlereagh Rural	—	104	2	49	117	4	37	313
Hillsborough Rural	3	—	—	2	151	12	16	184
Banbridge Urban	—	—	—	—	—	—	—	—
Dromore Urban	—	—	—	—	—	—	—	—
Banbridge Rural	—	30	—	—	5	11	—	46
Moirá Rural	—	—	—	—	5	4	3	12
Downpatrick Urban	—	—	—	—	—	—	—	—
Downpatrick Rural	154	—	—	—	5	9	3	171
Newry Urban	26	—	—	—	—	—	—	26
Newry No. 1 Rural	—	—	—	24	1	4	2	31
Kilkeel Urban	—	—	—	—	1	—	—	1
Kilkeel Rural	—	—	—	—	1	6	4	11
Warrenpoint Urban	—	—	—	—	1	—	—	1
Newcastle Urban	—	—	—	—	29	—	—	29
TOTAL	287	134	4	75	416	65	89	1,070

**TABLE 71—COUNTY DOWN—NUMBERS OF UNFIT HOUSES AND PROPOSALS (as originally submitted to the Ministry)
FOR DEALING WITH THEM.**

Local Authority	Estimated population mid-1958	Total number of houses in area	Number of Unfit Houses		Estimated time to deal with all unfit houses	Number of new houses required	Action by end of 1961	
			Repairable	Non-repairable			Number of houses to be demolished or closed	Number of new houses required
Bangor Borough	22,610	8,063	110	139	5—7 years	77	193	109
Donaghadee Urban	3,200	1,060	39	150	7—10 "	101	55	42
North Down Rural	30,070	8,549	2,343	923	5 "	546	898	546
Newtownards Borough	12,790	3,766	465	435	8—10 "	360	225	190
Holywood Urban	7,630	2,317	403	173	5—7 "	173	163	149
Castlereagh Rural	30,560	8,690	20	151	3 "	151	151	151
Hillsborough Rural	24,230	6,626	1,450	937	15 "	950	200	200
Banbridge Urban	6,130	1,774	452	402	5—10 "	400	145	142
Dromore Urban	2,330	719	415	128	5—7 "	140	52	52
Banbridge Rural	20,850	6,324	1,850	791	15—20 "	600	122	117
Moirs Rural	8,650	2,913	962	354	5—10 "	354	60	60
Downpatrick Urban	3,910	1,079	56	221	25 "	225	110	95
Downpatrick Rural	31,300	8,258	1,225	1,499	15 "	800	100	100
Newry Urban	12,660	2,945	68	391	10—15 "	391	107	97
Newry No. 1 Rural	12,510	3,900	100	357	5—10 "	90	143	56
Kilkeel Urban	2,580	696	18	58	5 "	47	48	27
Kilkeel Rural	13,250	3,661	114	271	10 "	224	117	104
Warrenpoint Urban	2,810	796	12	20	10 "	20	7	7
Newcastle Urban	3,230	1,065	22	23	5—7 "	23	Nil	Nil

WATER SUPPLIES

Bangor :

Difficulty is still being encountered in supplying the higher levels of the town, and as a temporary expedient, pending a decision on the laying of a ring main, it is proposed to put into service a 4 in. air main. In pursuance of its policy of afforestation the Council has decided to have a further 40 acres of the catchment area at Ballysallagh planted at an estimated cost of £2,200.

North Down Rural District :

Rapid progress in the laying of new mains continued, a further 38 miles of service mains being laid. The Council has now 190 miles of mains in operation. Schemes were completed in the following districts—Bootown, Ballywittock, Drumreagh, Carrickmannon, Ballykeigle and Cattogs—whilst work is in progress at Ballyeasborough and Kearney. In addition, 21 miles of mains are under the care of the North Down Waterworks Joint Board. A new high level was reached in the number of applications received for connections to the mains. This totalled 638, being 107 more than the previous year.

Newtownards :

Trial borings are likely to be made soon at Ballycullen in connection with the augmentation of the existing bore hole supply.

Hillsborough Rural District :

Work continued on the Council's Regional water scheme and a considerable length of water mains was laid. The new service reservoir at Lisnabreeny is now in operation making supplies available in a large part of the Rural district extending from Tullynacross to Carryduff and serving Ballyskeagh, Drum-beg, Drumbo, Carr, Ballylesson and Knockbracken.

The existing supply to Hillsborough is not satisfactory, as the raw water is of poor quality and difficult to treat, and the Council is considering ways of effecting an improvement.

Consideration is being given to various schemes to provide piped water to Dromara, as apart from the Council houses, the village is still dependent on public pumps and private wells.

Portadown and Banbridge Regional Waterworks Joint Board :

With the Spelga dam completed and the new filtration plant almost so, work continued on laying of mains and construction of service reservoirs. In Banbridge Rural District the total mileage of mains is now 88. A covered service reservoir is under construction at Drumnahare, whilst the service reservoirs at Garvaghy, Ballyooley, Knock, Tullylish, Ballylough and Ballyvalley are now in commission. An existing reservoir at Dree is to be extended and improved and the catchment area enlarged. Filter plant is to be provided at Moybrick.

Moira Rural District :

Moira Rural District is supplied from Lough Neagh through the filtration and chlorinating plant at Castor's Bay controlled by the Lurgan and District Joint Waterworks Board. Service reservoirs are provided at Ballydougan, Magheralismisk and Gibson's Hill, but whilst the water supplied from these reservoirs has proved satisfactory in quality, the Council is concerned at the serious loss of water from the Ballydougan and Magheralismisk reservoirs.

Downpatrick Rural District :

The Ballykine-Crossgar-Killyleagh scheme was completed during the year and Crossgar is now being supplied with chlorinated water from the Mourne supply, which is also used to augment the existing Killyleagh supply.

A chlorinator has now been installed at Ardglass and the plant at Aughlisnafin should be in operation shortly, ensuring the supply of treated water to Dundrum, Ballykinlar, Clough and Seaforde areas. Twenty-eight miles of mains were laid in the Rural area during the year and numerous connections were made thereto.

Approval has been given to schemes for the laying of an additional 56 miles of mains.

Newry :

By the end of 1958 most of the water supply for Newry was derived from the Spelga supply with the Camlough Lake as an auxiliary. The Spelga supply is filtered and chlorinated whilst that from Camlough is chlorinated only.

Newry No. 1 Rural District :

By the end of the year approximately 60 miles of water mains had been laid and supplied with water from the Spelga dam and the next phase of the scheme involving the laying of another 30 miles of mains is about to commence.

Three service reservoirs are under construction.

BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF WATER SUPPLIES

Routine sampling of public supplies and sampling of private supplies from wells was carried out, the details being :—

Number of samples taken from public piped supplies as supplied to consumers :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	400	157
(b) Chemical	12	—

Number of samples taken from other public supplies such as public wells, reservoirs, streams :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	49	69
(b) Chemical	12	—

Number of samples taken from private supplies :—

	Satisfactory	Unsatisfactory
(a) Bacteriological	52	116
(b) Chemical	—	—

The number of unsatisfactory samples from public piped supplies as supplied to consumers is unduly large, but a detailed study of the reports shows that a considerable number of repeat samples were taken in cases where unsatisfactory results had been obtained and in most instances, subsequent sampling showed an improvement. I should like to emphasise that where no improvement is revealed every effort should be made to discover the cause and to carry out the remedial measures necessary, as failure to do so may involve grave danger to the health of the community.

The factors principally responsible for the unsatisfactory samples were :—

Breakdown of chlorinating plant, insufficient chlorination, faulty filters, new mains not properly sterilised, old type ball hydrants which permit contamination when pressure falls, and the inexperience of relief caretakers.

The number of “unsatisfactory” samples taken from other public supplies such as public wells, reservoirs, streams, etc. seems large, but the bulk of these samples are raw waters which have not been filtered or chlorinated.

The number of “unsatisfactory” samples from private supplies, such as wells, is high, but here again knowledge of the circumstances modifies to some extent the unfavourable impression received from a mere reading of the figures, as many of these samples are from wells which are “suspect” and a proportion are from new wells where disturbance of the sub-soil generally results in a temporary pollution of the water.

SEWERAGE AND SEWAGE DISPOSAL

Bangor :

The Ballyholme sewerage scheme was completed and consideration is being given to a scheme, estimated to cost £30,000, to prevent flooding in the southern end of the town.

North Down Rural District :

The Crossnacreevy sewerage scheme was completed during the year and work is well advanced on the schemes at Crawfordsburn and Portavogie. The joint sewage disposal plant at Ballyrickard to deal with sewage from Newtownards Borough and Comber is nearing completion.

Holywood :

The work of relaying and re-routing a number of main sewers commenced during the year.

Castlereagh Rural District :

Owing to rapid building development new sewers were laid in various parts of the district. The Craigavad sewerage scheme was completed and work commenced on the Ballyrobert Sewage Disposal works.

Hillsborough Rural District :

Work is still proceeding on the Newtownbreda-Carryduff sewerage scheme. The Tullynacross scheme was completed during the year. Delay has been experienced in getting the Newtownbreda Sewage Disposal Scheme under way and the Council's consulting engineer is actively engaged in seeking a solution to the difficulties encountered.

Schemes are also under consideration for Drumbo and Ravarnette.

Banbridge :

Work is in progress on Contract No. 2 for the sewerage of the northern side of the town and some additional work on the southern side, involving relaying existing sewers and the construction of additional manholes has been undertaken.

Preliminary work has begun on Contract No. 3 for the construction of the sewage disposal works at Huntly.

Banbridge Rural District :

The Gilford Sewage works, the largest in the Rural District, have been renovated recently and are in good working order.

Improvements and extensions have been made to the sewage disposal plant at Stramore Road, Gilford, and at Katesbridge, and approval has been given to a sewerage scheme with pumping station for Holm Terrace, Ballynarris, and for sewerage work at Seapatrick.

Downpatrick Rural District :

Work on the new sewerage scheme for Dundrum is expected to commence shortly as the Ministry of Commerce have now reached a decision on the route for the new trunk road.

Work is in progress with the Shrigley Scheme and it is expected that work will commence shortly on the schemes for the Spa and Quoile Quay area.

Sewer extensions were carried out at Ardglass, Ballynahinch and Quoile Road, Downpatrick, whilst extensions are planned for Ardtole, Killough and Ardglass Road, Downpatrick.

Newry :

A comprehensive sewerage and sewage disposal scheme, estimated to cost in the region of £250,000 is planned for Newry. This scheme will ensure that no untreated sewage will be discharged into the Clanrye River.

Newry No. 1 Rural District :

Work is in progress in Rathfriland on the scheme for the construction of the new sewage disposal works and the extension of the sewerage system. Ministry approval is being sought for new works at Drumcashlane whilst consideration is being given to necessary improvements at Mayobridge.

REFUSE COLLECTION AND DISPOSAL

The majority of the local authorities in the County operate direct labour schemes, but in a few cases the refuse is lifted by contract, the details being :—

- (a) by direct labour 14
 (b) by contract 5

Authority	Direct labour or contract	Weekly or fortnightly collection	Number and type of refuse collection vehicles	Remarks
Bangor	Direct labour	Weekly	3 S.D. fore and aft 18 cubic yard (petrol) 1 S.D. side loader (petrol)	
Donaghadee	Direct labour	Weekly	1 S.D. side loader (petrol)	
Newtownards	Direct labour	Weekly	1 Karrier side loader 1 Karrier rear loader, both petrol driven.	
North Down Rural	Direct labour	Weekly	4 Bedford side loaders (petrol) 1 Commer side loader (diesel)	
Holywood	Direct labour	Weekly	1 side loader (petrol)	New (diesel) side loader to be ordered
Castlereagh Rural	Direct labour	Weekly	4 Karrier rear loaders (petrol) 1 Bedford side loader (petrol)	New diesel rear loader to be ordered
Hillsborough Rural	Direct labour	Weekly in built-up areas, fortnightly in other areas.	1 S.D. fore and aft 18 cub. yard (diesel) 2 Bedford side loaders (petrol)	
Banbridge	Direct labour	Weekly	1 Karrier side loader (petrol) 1 tractor and trailer (petrol)	
Dromore	Direct labour	Weekly	1 Morris side loader (petrol)	
Banbridge Rural	Contract	Weekly	1 Fordson side loader (petrol) 1 lorry with canvas cover (petrol)	
Moira Rural	Contract	Fortnightly	1 Morris side loader (petrol)	
Downpatrick	Direct labour	Weekly	1 Bedford side loader (petrol)	New 3-ton Bedford diesel on order
Downpatrick Rural	Direct labour	Weekly in built-up areas, fortnightly in other areas.	1 S.D. fore and aft 18 cubic yard (diesel)	
Newry	Direct labour	Weekly	2 S.D. side loaders (petrol)	
Warrenpoint	Direct labour	Weekly	1 Austin side loader (petrol)	
Newcastle	Direct labour	Weekly	1 Karrier side loader (petrol)	
Kilkeel	Contract	Weekly	1 tractor and covered trailer (petrol)	
Kilkeel Rural	Contract	Weekly	1 covered lorry (petrol)	
Newry No. 1 Rural	Contract	Weekly	1 covered lorry (petrol)	

Tipping Grounds :

The condition of a number of tipping grounds in the County leaves much to be desired. Apart from their unsightly appearance, they act as breeding places for flies and rats. Controlled tipping is the answer, but few local authorities have adequate supplies of covering material readily available and in the few cases where material can be got, some authorities are reluctant to spend money on the equipment—bulldozers, etc.,—and to employ extra labour to make controlled tipping a success.

Litter :

The attention of the public is being focussed on the question of litter, as with the increasing use of packaged goods and wrapped ice cream, the litter problem is becoming acute, particularly in seaside resorts at the week-end.

More and more litter baskets may help, but unless the public is educated or compelled to use them, progress will be slow.

The “ Best kept town and village ” competition promoted by the Central Gardens Association has been responsible for a growing sense of civic pride in a number of districts, and it is pleasing to record that Newcastle was adjudged the best kept small town and Hillsborough the best kept village in Northern Ireland for 1958.

PUBLIC HEALTH ACTS

The enforcement of the sections of the Public Health Acts dealing with sub-standard and insanitary houses is the responsibility of the Borough, Urban and Rural District Councils.:—

Number of nuisances complained of or discovered	.....	.....	.....	.....	2,120
Number of inspections	.....	.....	.....	.....	9,378
Number of nuisances complained of which were confirmed	.....	.....	.....	.....	1,802
Number of Statutory Notices served	.....	.....	.....	.....	436
Number of legal proceedings instituted	.....	.....	.....	.....	5
Number of Court Orders made	.....	.....	.....	.....	2
Number of nuisances abated	.....	.....	.....	.....	1,636

Details of some of the sanitary work carried out :—

Accumulations of offensive matter removed	.....	.....	.....	.....	107
Animal keeping improvements	.....	.....	.....	.....	42
Sanitary accommodation improved (New W.C. Basins, etc.)	.....	.....	.....	.....	131
Water Closets substituted for privies or pail closets	.....	.....	.....	.....	167
Drainage improvements	.....	.....	.....	.....	339
Foul drains cleansed	.....	.....	.....	.....	449
Ashbins provided	.....	.....	.....	.....	619
Water supply introduced into houses	.....	.....	.....	.....	399
Sinks provided	.....	.....	.....	.....	208
Yards re-surfaced	.....	.....	.....	.....	37
Roofs repaired	.....	.....	.....	.....	320
Eaves, gutters and down pipes provided or repaired	.....	.....	.....	.....	251
Walls repaired	.....	.....	.....	.....	142
Floors repaired	.....	.....	.....	.....	264
Window frames repaired	.....	.....	.....	.....	105
Ceilings repaired	.....	.....	.....	.....	85
Chimneys repaired or rebuilt	.....	.....	.....	.....	44
Flues and Firegrates repaired	.....	.....	.....	.....	48
Stairs repaired	.....	.....	.....	.....	24
Doors repaired	.....	.....	.....	.....	57
Sub-floor ventilation provided	.....	.....	.....	.....	29
Lighting and ventilation improved	.....	.....	.....	.....	53
Houses cleansed	.....	.....	.....	.....	36
Miscellaneous improvements	.....	.....	.....	.....	189

SCHOOL SANITATION

Number of schools in County (including Nursery)	.....	.....	.....	.....	349
Schools inspected	.....	.....	.....	.....	196
School inspections carried out	.....	.....	.....	.....	295
Schools found to be defective	.....	.....	.....	.....	26
Schools improved as a result of representations	.....	.....	.....	.....	24

PUBLIC HEALTH (Prevention of Contamination of Food) REGULATIONS (N.I.) 1948

Number of inspections of premises where food is prepared or handled	.....	.....	.....	.....	2,118
Number of premises in which contraventions were discovered	.....	.....	.....	.....	235
Number of premises improved as a result of action	.....	.....	.....	.....	215
Number of prosecutions instituted	.....	.....	.....	.....	—

Details of improvements effected in food premises are :—

Total or extensive reconstruction	47
Water supply introduced	55
Hot water laid on	76
Sinks and/or Wash-hand basins provided	90
Redecoration and internal repairs	118
External repairs	45
Sanitary accommodation provided or improved	41
Drainage provided or improved	64
Rats or mice infestations dealt with	6
Rat proofing carried out	15
Fly proofing carried out	31
Accumulations of rubbish or trade refuse removed	56
Receptacles for waste provided	36
Ventilated food storage accommodation provided	15
Storage accommodation improved	18
Protective clothing provided	20
Hygienic equipment (refrigerators, covered display cabinets etc.) provided	65
Vehicles improved	12
Miscellaneous	19

SALE OF ICE CREAM ACTS (N.I.) 1937 AND 1950

(a) Number of premises registered for :—

(i) Manufacture only	3
(ii) Manufacture and sale	50
(iii) Sale only	596

(b) Number of registered premises inspected 533

(c) Number of inspections of registered premises made 1,312

(d) Number of bacteriological samples taken 128

(e) Number of bacteriological samples unsatisfactory 31

SALE OF FOOD AND DRUGS ACTS

Seven hundred and seventy-seven samples were taken and submitted for analysis during the year. Of these 769 were of genuine composition and 8 were found to be adulterated.

Details of Samples submitted and Result of Analysis :

	Genuine Composition	Adulterated	Total
Dairy Products	186	—	186
Meat and Fish Products	105	3	108
Cereal Products	58	1	59
Fruit, Vegetables and Sugar Products	159	2	161
Beverages	88	2	90
Condiments and Spices	103	—	103
Cooking Materials and Drugs	70	—	70

Of the eight samples reported as adulterated proceedings were instituted in two cases. In the other six cases the circumstances were such that warnings were given.

Prosecutions :

Article	Nature of Adulteration	Result of prosecution
Whiskey	Contained 38.04 % water	Fined £3 and £4 13s. 6d. costs.
Whiskey	Contained 42.67 % water	Fined £3 and £3 17s. 0d. costs. The barman who admitted responsibility for the deficiency was fined £5 and 14s. costs.

Food and Drugs Act (Northern Ireland) 1958 :

A milestone on the road to greater care and safety in the preparation and sale of food was the placing on the statute book of the Food and Drugs Act (Northern Ireland) 1958, which consolidates and clarifies a maze of legislation dating back to 1733, and brings the law on food into line with that in England, a matter of some consequence to food manufacturers, vendors, and authorities' officers administering the law. The new Act repeals in whole or in part, no less than thirty earlier Acts dealing with food.

The Ministry of Health and Local Government is empowered to make Regulations as to the handling, preparation, wrapping and storage of food intended for sale and also in relation to the licensing by Health Authorities of vehicles, stalls etc. used for the conveyance and sale of food. The power to require the licensing of stalls and vehicles is designed to deal with the serious problems in food hygiene presented by "barrow boys" and other hawkers of food and will be welcomed by all interested in progress in this field.

The only food industry requiring registration under the Act at present is the manufacture and sale of ice-cream but power is given to the Ministry to extend registration to any other food business.

The value of registration in the case of ice-cream premises has been abundantly proved over the years and the extension of registration to other food businesses would be beneficial.

Power is given in the Act to enable a Court on the application of the Health Authority to disqualify a person for using unsatisfactory premises for the purposes of a food business, and whilst it is expected that this power will be rarely used its existence should be of great value in securing compliance with the law relating to the protection of food.

An interesting innovation in the Act is the power enabling the Ministry to set up a Food Hygiene Advisory Committee in each Health Authority area. This body may make recommendations to the Health Authority on the administration of Regulations relating to food hygiene.

MEAT INSPECTION

As stated in earlier reports the duty of ensuring that all meat intended for human consumption in the County was properly inspected devolves on the Committee's officers and details of the number of animals killed and meat condemned in the five Abattoirs in the County are given below :

Class of Animals	Number of Animals			Weight (in lbs.) of Condemned Meat and Offal
	Slaughtered	Partially Condemned	Wholly Condemned	
Cattle	15,458	81	43	143,416
Sheep	32,545	85	78	3,085
Pigs	893	102	33	6,404
Calves	3	—	1	60
Totals	48,899	268	155	152,965

Diseases and conditions which made total seizure necessary were tuberculosis, septicaemia, septic mastitis, peritonitis, endocarditis, pericarditis, emaciation, oedema, jaundice, uraemia, decomposition.

Six thousand eight hundred and thirty four cattle and nine hundred and sixty three sheep were found to be affected with liver fluke, necessitating the rejection for food of forty one thousand eight hundred and twenty nine pounds of liver.

The figures for 1957 were 6,927 cattle, 677 sheep and 39,603 lbs. of liver, so it will be seen that the downward trend noted in last year's report has not continued, but as there was a substantial drop last year from the 1956 total it would be unwise to regard the figures for 1957 as the lowest that can be reached, as so many factors influence the incidence of the disease.

Five hundred and seven cattle were found to be affected with cysticercus bovis, the cystic stage of the tapeworm, and this necessitated the placing of a large number of the carcasses in cold storage for a period of three weeks before being released for consumption.

Slaughter of horses :

At the "Old Mill" Abattoir, Saintfield, 3,200 horses were slaughtered during the year. Ante-mortem and post-mortem inspections were carried out by Veterinary Officers of the Ministry of Agriculture. All meat intended for human consumption is exported.

SHOPS ACT (N.I.) 1945, SEC. 22

Number of inspections of shops	1,229
Number of individual shops inspected	837
Number of shops in which defects were found	77
Number of shops improved as a result of action	65

RODENT CONTROL

Number of inspections	4,197
Number of infestations reported or discovered	3,465
Number of control treatments carried out :	
(a) by the Health Committee staff	318
(b) by occupiers or other agencies.....	3,504

INFESTATION WITH INSECTS

Number of premises inspected	144
Premises found to be infested	86
Premises cleared of infestation	86

FACTORIES ACTS (N.I.) 1938 AND 1949

Number of inspections of factories 1,192
 Number of defects found and result of action taken :—

	Found	Number of Defects	
		Remedied	Referred to Chief Factory Inspector
Lack of Cleanliness	25	25	—
Overcrowding	—	—	—
Unreasonable Temperature	—	—	—
Ineffective drainage to floors	6	6	—
Inadequate ventilation	3	3	—
Sanitary conveniences :—			
(a) insufficient	19	16	—
(b) defective	26	22	—
(c) not separate for sexes	4	2	—
Breach of Special Sanitary requirements for			
Bake-houses	—	—	—
Other offences	2	1	—

Number of inspections of outworkers premises 108

Air Pollution :

Serious consideration is being given in Northern Ireland to the problem of air pollution from industrial and domestic chimneys, and there have been demands for legislation on the lines of the Clean Air Act in England.

Castlereagh Rural District Council have decided to set up two Daily Volumetric Recording Instruments to measure the amount of smoke and sulphur dioxide in the atmosphere and a Deposit Gauge to record the amount of soot and grit.

A number of the sanitary officers in the employment of the Committee are attending a course for Smoke Inspectors in the Belfast College of Technology.

SENIOR ADMINISTRATIVE AND TECHNICAL STAFF

				<i>Date Duty Commenced</i>
COUNTY MEDICAL OFFICER OF HEALTH .....	.....	J. B. McKinney, M.B., B.CH., B.A.O., D.P.H. ....	.....	17th June, 1947.
DEPUTY COUNTY MEDICAL OFFICER OF HEALTH .....	.....	J. Taylor, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st October, 1947.
DIVISIONAL MEDICAL OFFICERS OF HEALTH :— .....	.....		
Division 1 .....	.....	R. L. Roxburgh, M.B., B.CH., B.A.O., D.P.H. ....	.....	6th May, 1948.
Division 2 .....	.....	J. Scott, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st April, 1948.
Division 3 .....	.....	S. Hayes, M.D., D.P.H. ....	.....	1st April, 1948.
Division 4 .....	.....	J. A. Mark, M.B., B.CH., B.A.O., D.P.H. ....	.....	14th October, 1948.
Division 5 .....	.....	E. P. McGrath, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st July, 1954.
Division 6 .....	.....	B. L. McQuillan, M.B., B.CH., B.A.O., D.P.H. ....	.....	25th June, 1948.
ASSISTANT DIVISIONAL MEDICAL OFFICERS OF HEALTH :— .....	.....		
Division 2 .....	.....	C. Moss, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st August, 1951.
Division 3 .....	.....	G. T. N. Lawson, M.B., B.CH., B.A.O., D.P.H. ....	.....	2nd July, 1951.
		Irene M. Thompson, M.D., D.P.H. ....	.....	1st October, 1958.
Division 4 .....	.....	Elizabeth Hawkins, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st December, 1956.
Division 5 .....	.....	Mary S. Miller, M.B., B.CH., B.A.O., D.P.H. ....	.....	27th November, 1956.
Division 6 .....	.....	Grace E. McClafferty, M.B., B.CH., B.A.O., D.P.H. ....	.....	1st January, 1951.
COUNTY DENTAL OFFICER .....	.....	W. McCarthy, L.D.S. ....	.....	8th May, 1952.
ASSISTANT DENTAL OFFICERS :— .....	.....		
Division 1 .....	.....	R. G. Weaver, L.D.S. ....	.....	1st February, 1952.
Division 2 .....	.....	J. C. Harpur, L.D.S. ....	.....	1st August, 1953.
		W. R. Mahood, B.D.S. ....	.....	1st April, 1955.
Division 3 .....	.....	S. H. Wilson, L.D.S. ....	.....	1st May, 1952.
		Miss Susan H. Wallace, B.D.S. ....	.....	3rd March, 1958.
		Miss M. Madden, L.D.S. ....	.....	28th August, 1956. (Resigned 28th February, 1958).
Division 4 .....	.....	Miss M. J. Fleming, B.A., B.D.S. ....	.....	1st October, 1957. (Resigned 30th September, 1958).
Division 5 .....	.....	T. W. Unsworth, L.D.S. ....	.....	19th May, 1958.
Division 6 .....	.....	R. A. T. Speedy, L.D.S. ....	.....	1st August, 1953.
		J. J. Cleary, B.D.S. ....	.....	1st February, 1957.
SUPERVISOR OF CARE AND AFTER-CARE .....	.....	Miss E. M. Doran, S.R.N., S.C.M., H.V. (CERT.) ....	.....	2nd January, 1950.
COUNTY NURSING OFFICER .....	.....	Miss E. W. Gracey, S.R.N., S.C.M., H.V.(CERT.) ....	.....	1st November, 1949.
SUPERVISOR OF MIDWIVES .....	.....	Miss B. McAleer, S.R.N., S.C.M. ....	.....	1st September, 1949.
SUPERINTENDENT HEALTH VISITOR .....	.....	Miss V. I. Thompson, S.R.N., S.C.M., H.V.(CERT.) ....	.....	1st February, 1950.
SENIOR (DIVISIONAL) NURSING OFFICERS :— .....	.....		
Division 1 .....	.....	Mrs. A. I. Corry, S.R.N., S.C.M., H.V.(CERT.) ....	.....	1st October, 1949.
Division 2 .....	.....	Mrs. N. H. Simpson, S.R.N., S.C.M., H.V.(CERT.) ....	.....	11th April, 1949.
Division 4 .....	.....	Miss J. McGaw, S.R.N., S.C.M., H.V.(CERT.) ....	.....	2nd May, 1949.
Division 6 .....	.....	Miss M. Savage, S.R.N., S.C.M., H.V.(CERT.) ....	.....	20th October, 1952.
SPEECH THERAPIST .....	.....	Miss J. A. Cunningham, L.C.S.T. ....	.....	8th February, 1954. (Resigned 31st May, 1958).
PHYSIOTHERAPIST .....	.....	G. Frew, M.C.S.P. ....	.....	1st June, 1955.
COUNTY SANITARY OFFICER .....	.....	A. Reynolds, F.R.S.H., MEAT CERT. R.S.I. ....	.....	1st March, 1948.
DIVISIONAL SANITARY OFFICERS :— .....	.....		
Division 1 .....	.....	J. L. Magee, SAN.I. CERT. R.S.I., MEAT CERT. R.S.I. ....	.....	15th November, 1948.
Division 2 .....	.....	J. J. Boal, SAN.I. CERT., MEAT CERT. R.S.I. ....	.....	15th November, 1948.
Division 3 .....	.....	W. E. C. O'Brien, SAN. I. CERT., and MEAT CERT. R.S.A., Scotland; Member of Inst. of Public Cleansing. ....	.....	11th October, 1948.
Division 4 .....	.....	W. R. Jones, SAN. I. CERT., Joint Board Meat Cert. R.S.I. ....	.....	1st April, 1958.
Division 5 .....	.....	F. Nixon, SAN. I. CERT. R.S.I., MEAT CERT. R.S.I. ....	.....	1st June, 1956.
Division 6 .....	.....	J. Meehan, SAN. I. CERT. R.S.I., MEAT CERT. R.S.I. ....	.....	1st November, 1953.
COUNTY ANALYST .....	.....	H. K. Lawton, B.SC., PH.D., F.R.I.C. ....	.....
SECRETARY .....	.....	J. C. Pantridge (Joint appointment with Down County Welfare Committee) ....	.....	1st June, 1947.
ACCOUNTANT .....	.....	J. McKennan, A.C.A. (Joint appointment with Down County Welfare Committee) ....	.....	16th July, 1956.

ADMINISTRATIVE OFFICER	.....	J. M. Ferguson (Joint appointment with Down County Welfare Committee)	.....	1st October, 1958.
RECORDS OFFICER	.....	J. Edgar (Joint appointment with Down County Welfare Committee)	.....	1st October, 1948.
SOLICITOR	.....	W. A. F. Martin	.....	1st January, 1949.
Central Offices of the Committee :—				
		SECRETARY	.....	} 65 University Street, Belfast.
		COUNTY MEDICAL OFFICER OF HEALTH	.....

